

Name
in
Full

Mrs. Mary Abb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

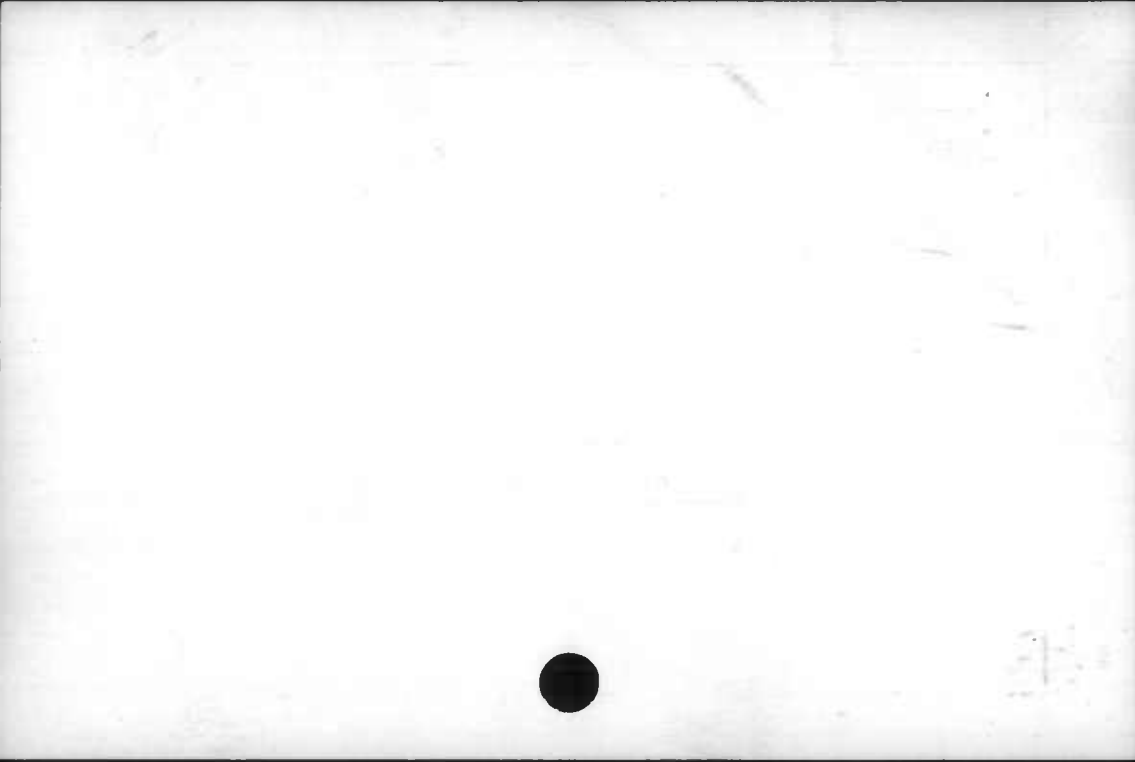
| | | | | | | | |
|-----------------------------------|--|---|-----|-------------|--------|----------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1909 | | 12 | 23 | Age 75 | X | X | |
| Sex | | Color or Race | | Birth-place | | | |
| Female | | white | | Germany | | | |
| Occupation | | Where Residing if not at place of death | | | | | |
| Housewife | | X | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Married | | Henry Abb (deceased) | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| X Unknown | | Germany | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| X Unknown | | Germany | | | | | |
| Name of person giving Information | | How related to deceased | | | | | |
| Dr. Schroeder | | None | | | | | |

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

| | | | |
|--|--|------------------------|--|
| Primary | | How long | |
| Senility | | 6 months | |
| Immediate | | How long | |
| acute indigestion | | 24 hours | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | H. H. Hedgcock | |
| | | Address | |
| | | Frederick | |
| Accident or Suicide | | | |



Name in Full *Benjamin Adam*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Frederick* Town, *Frederick* County, *48* MARYLAND

Date of death 190*9* Month *12* Day *29* Age *70* Years Months *—* Days *—*

Sex *Male* Color or Race *American* Birthplace *Frederick*

Occupation *Retired* Where Residing if not at place of death *X*

Married, Single or Widowed *Widow* Name of Wife or Husband *X*

Father's Name *Widow* Father's Birthplace *Widow*

Mother's Maiden Name *Widow* Mother's Birthplace *Widow*

Name of person giving Information *Mr Fessle* How related to deceased *Undertaker*

CAUSES OF DEATH

154
How long

Primary *General Debility*

Immediate *Coronary Arteriosclerosis*

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

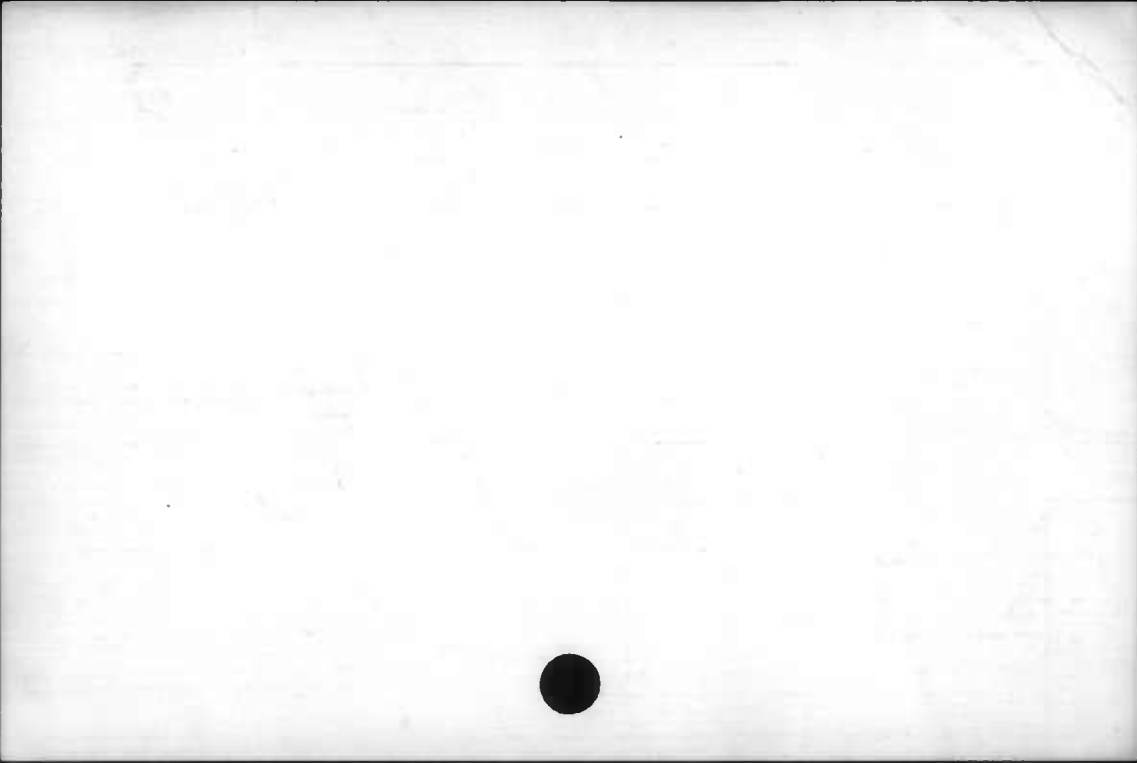
Signature of Physician

Henry P. Fathurst M.D.

Address

Frederick Md

Accident or Suicide



Name
in
Full

Arrow W. Andrews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brunswick Town Fredenick County MARYLAND
 Date of death 190 9 Month Dec Day 21 Age 0 Years 8 Months 7 Days
 Sex Male Color or Race white Birth-place Brunswick, Md
 Occupation - Where Residing if not at place of death -

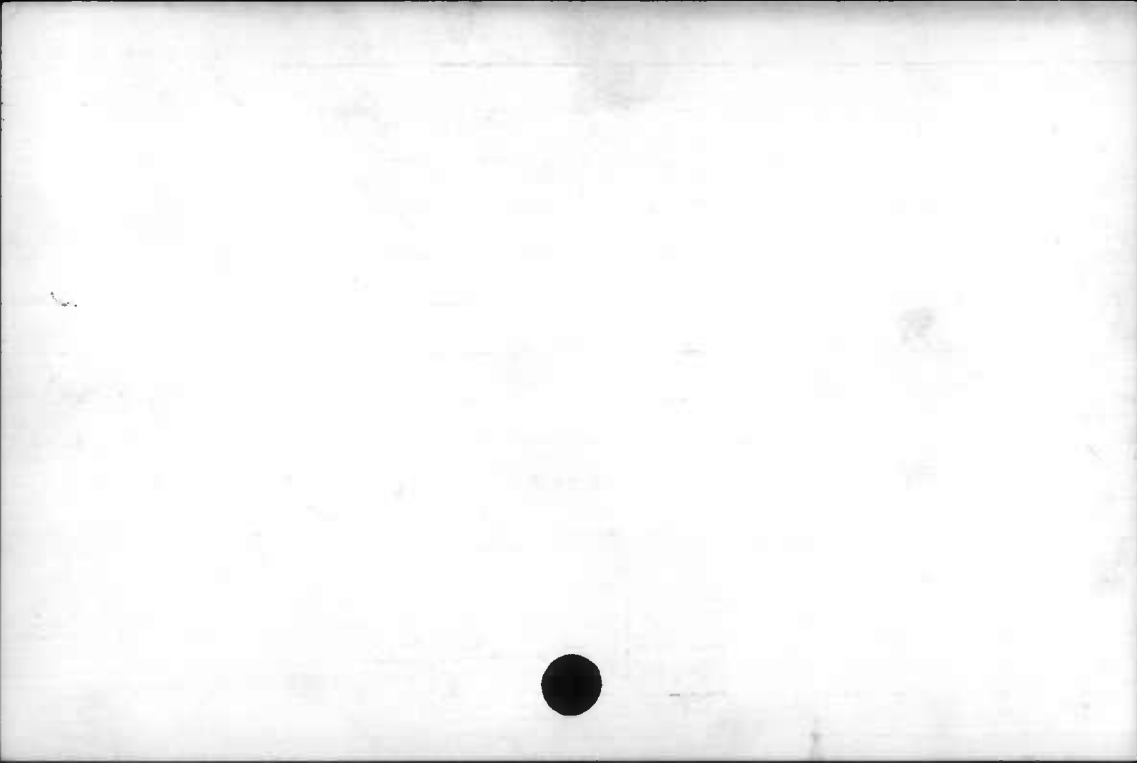
Merriad, Single or Widowed - Name of Wifa or Husband -
 Father's Name J. L. Andrews Father's Birthplace Maryland
 Mother's Maiden Name Z. V. Weaver Mother's Birthplace Maryland
 Name of person giving Information J. L. Andrews How related to deceased Son

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary Intussusception How long 5 days
 Immediate Peritonitis How long 2 or 3 days
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Chas. C. ...
 Address Brunswick, Md.
 Accident or Suicide -



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|--|---------------------------|--|--------------------|--|
| Name <i>John W. Arnold</i> No. 25 | | Town <i>Monrovia</i> | | County <i>Fredrick</i> | | MARYLAND | |
| Died at | | Month <i>12</i> | | Day <i>25</i> | | Years <i>36</i> | |
| Date of death | | <i>1909</i> | | Age <i>36</i> | | Months <i>6</i> | |
| Sex <i>male</i> | | Color or Race <i>white</i> | | Birth-place <i>Pa</i> | | Days <i>13</i> | |
| Occupation <i>Clerk</i> | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed <i>married</i> | | Name of Wife or Husband <i>Nellie West</i> | | | | | |
| Father's Name <i>Jacob L. Arnold</i> | | Father's Birthplace <i>Don't know</i> | | | | | |
| Mother's Maiden Name <i>Mary E. Mitchell</i> | | Mother's Birthplace <i>Don't know</i> | | | | | |
| Name of person giving Information <i>Nellie Arnold</i> | | How related to deceased <i>wife</i> | | | | | |

CAUSES OF DEATH

| | | |
|--|---------------------------------|---|
| Primary | <i>Chronic Bright's Disease</i> | How long <i>12 years</i> |
| Immediate | <i>Uraemia</i> | How long <i>2 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>H. H. Hopkins M.D.</i> |
| | | Address <i>Monrovia Md</i> |
| Accident or Suicide <i>no</i> | | |

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Edward Baker* County *Fredrick*
Died at *Emmitsburg* Maryland
Date of death 190*9* Month *12* Day *24* Age *41* Years *18* Months *8* Days
Sex *Male* Color or Race *White* Birth-place *Perry*
Occupation *Carpenter* Where Residing if not at place of death
Married, Single ☒ or Widowed Name of Wife or Husband *Julia, G. Baker*
Father's Name *James Baker* Father's Birthplace *Perry*
Mother's Maiden Name *May Wine* Mother's Birthplace
Name of person giving Information *Dr. J. G. Baker* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Fall from building - 20ft -*
Immediate *Rupture of Pericardium*
Are the name, age, sex, color, date and place correctly given above? *Yes*

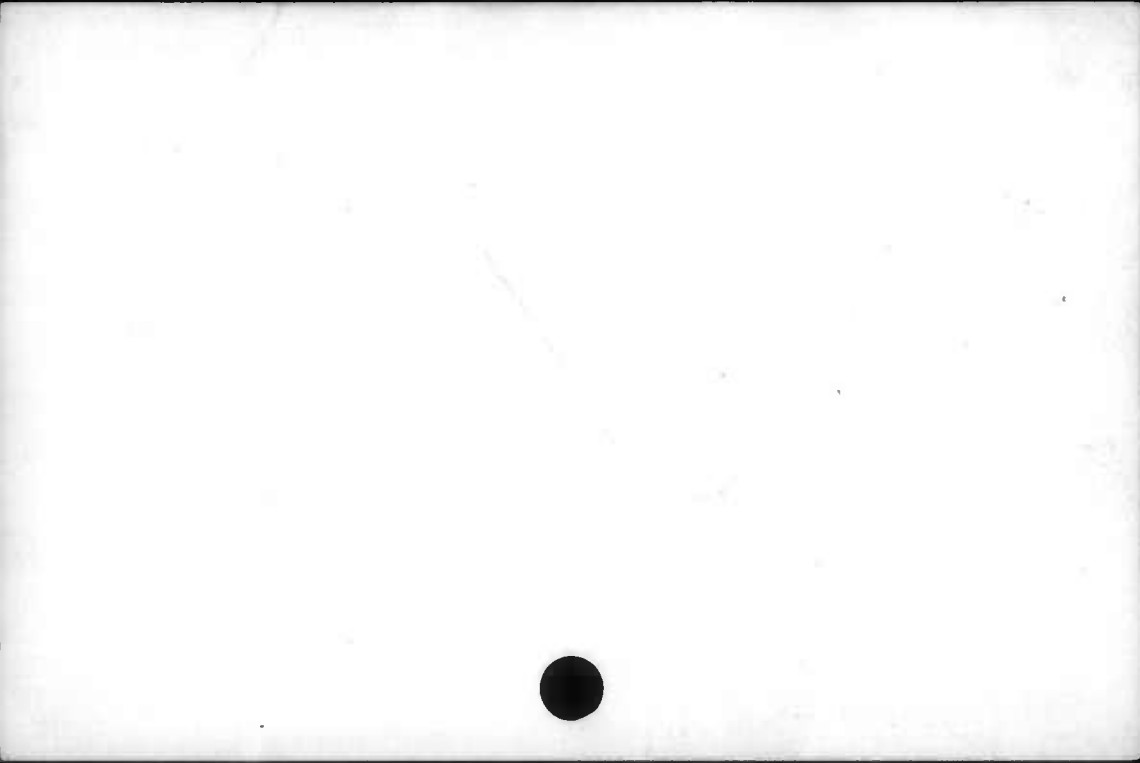
Signature of Physician

Address

Dr. W. S. Stone
Emmitsburg Md

Accident or Suicide ☒

PHYSICIAN
OR CORONER



Name
in
Full

Infant Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frederick Town Frederick County MARYLAND

Date of death 1909 12 Month 14 Day Age — Years Months — Days 1, Hour

Sex Female Color or Race White Birthplace Frederick

Occupation — Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Charles R. Barnes Father's Birthplace Frederick Co. Md.

Mother's Maiden Name Bertha Stup Mother's Birthplace " " "

Name of person giving Information C. R. Barnes How related to deceased Father

CAUSES OF DEATH

Primary Malformation in Heart

Immediate Asphyxia

How long 150How long 20 min

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

F. H. Hedrick, Jr.
Frederick

Accident or Suicide —PHYSICIAN
OR CORONER

Interment Dec 15 - 1909

" at Mt. Olivet Cemetery

Thomas P. Rice F.O.

Dr. Hedgic

Dr. McCurdy

Name
in
Full

CERTIFICATE OF DEATH

Marietta Susan Brachley
Town County

MARYLAND

Died at Middletown Frederick
Date of death 1909 Dec 11 Age 61 Months 6 Days 20

Sex Female Color or Race White Birth-place Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband John W Brachley

Father's Name Daniel Smith Father's Birthplace Md

Mother's Maiden Name Mary Samner Mother's Birthplace Md

Name of person giving Information John W Brachley How related to deceased Husband

CAUSES OF DEATH

45

Primary Lympho Sarcoma of (abdominal cavity) many years

Immediate Heart failure How long 24 hrs

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Ed Buckley

metastases in entire chain of glands, and extended to glands of neck and orbit. Address Middletown

Accident or Suicide Md

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Queen Beanie

CERTIFICATE OF DEATH

| | | | | | | | |
|-----------------------------------|-------------------|-------------------------|-------|---|-------------|----------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1909 | | 12 | 1 | Age | 60 | | |
| Sex | Male | Color or Race | Black | Birthplace | Md | | |
| Occupation | None | | | Where Residing if not at place of death | Same | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | X | | | | |
| Father's Name | Unknown | | | Father's Birthplace | Unknown | | |
| Mother's Maiden Name | " | | | Mother's Birthplace | " | | |
| Name of person giving Information | Nicholas Gassaway | | | How related to deceased | No relation | | |

CAUSES OF DEATH

| | | | |
|-----------|------------------------|----------|-------------|
| Primary | Chronic Mania | How long | 120 |
| Immediate | Nephritis - Exhaustion | How long | several yrs |

Are the name, age, sex, color, date and place correctly given above?

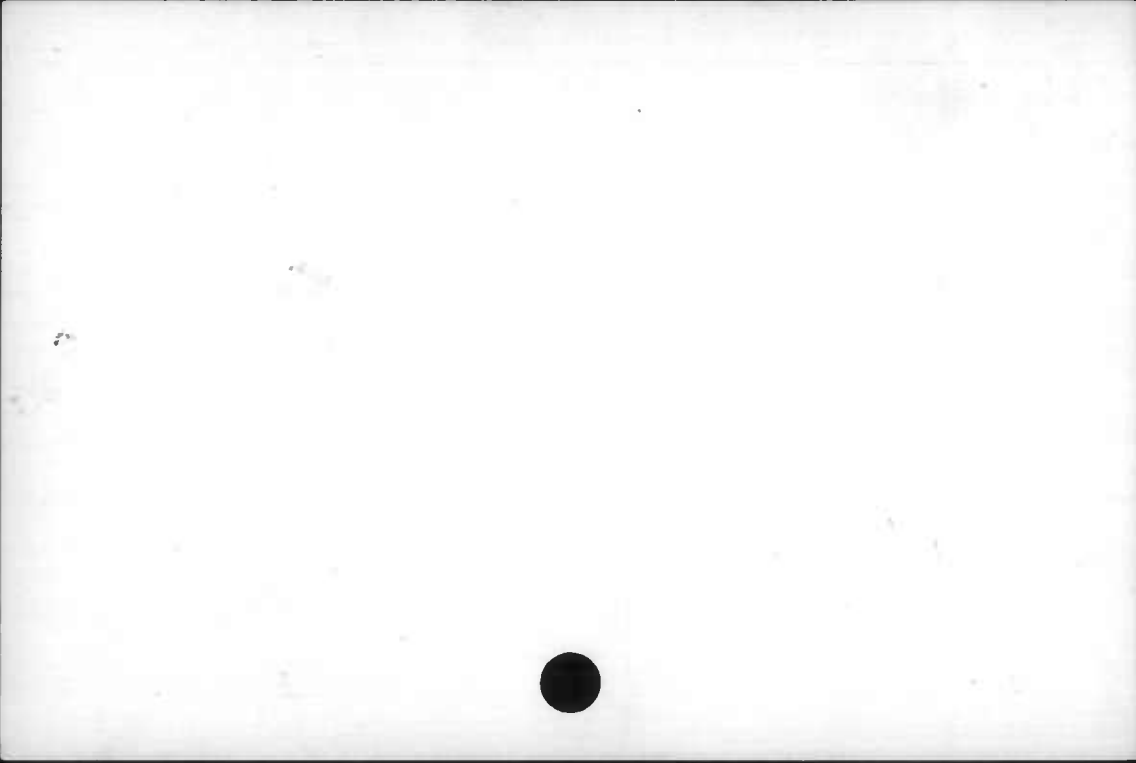
Signature of Physician

Address

U. G. Fournier M.D.
Frederick Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------|--------------------------------------|---|-------------------------|-------|
| Died at <i>Emmitsburg</i> ^{Town} | | <i>St. Charles</i> ^{County} | | MARYLAND | |
| Date of death | 1909 | Month | 12th | Day | 3rd |
| Age | 78 | Years | | Months | 8 |
| Sex | Male | Color or Race | White | Birth-place | Peron |
| Occupation | Farmer | | Where Residing if not at place of death | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | |
| Father's Name | Lewis' Bowling | | | Father's Birthplace | |
| Mother's Maiden Name | | | | Mother's Birthplace | |
| Name of person giving information | Frank Stoner | | | How related to deceased | |

CAUSES OF DEATH

Primary

How long

Immediate

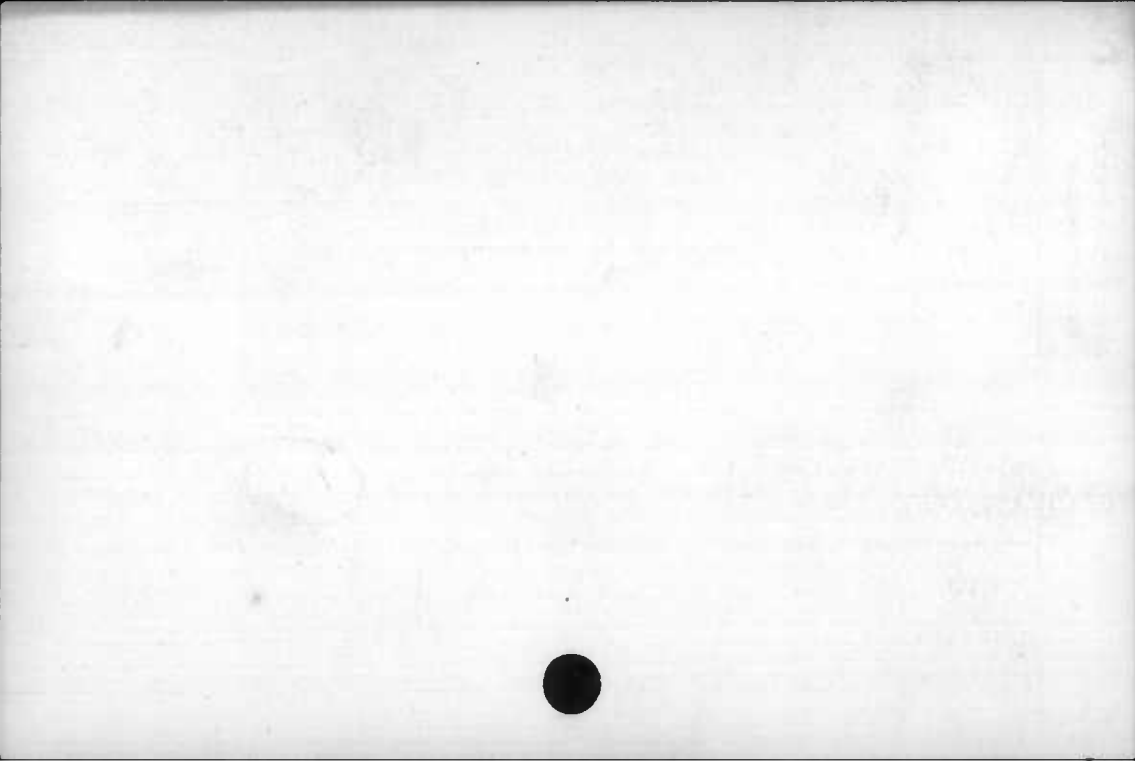
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Samuel Juston Bruckneridge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|---|--------|----------------|------------------|
| Died at ^{town} near Pickersville | | ^{County} Frederick | | MARYLAND | |
| Date of death 1909 | | Month Dec | Day 18 | Age 80 | Months 7 Days 12 |
| Sex male | | Color or Race White | | Birth-place Va | |
| Occupation Farmer | | Where Residing if not at place of death | | | |
| Married, Single or Widowed Married | | Name of Wife or Husband Nancy D. McDaniel | | | |
| Father's Name Alex. P. Bruckneridge | | Father's Birthplace Va - | | | |
| Mother's Maiden Name Eliz. Newton Bruckneridge | | Mother's Birthplace Va | | | |
| Name of person giving Information Son. Lem Bruckneridge | | How related to deceased Son | | | |

CAUSES OF DEATH

64

| | |
|--|-----------------------------------|
| Primary | How long |
| Immediate | How long |
| Central Hemorrhage 3 days | |
| Are the name, age, sex, color, data and place correctly given above? | Signature of Physician R. C. Hume |
| | Address Hixson, Md. |
| Accident or Suicide | |

PHYSICIAN
OR CORONER

6



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Pearley Elizabeth Purdett
Town Frederick County Frederick

Died at Frederick Maryland
Date of death 1909 Dec 18 Age 9 Months X Days X

Sex Female Color or Race White Birth-place Montgomery Co

Occupation _____ Where Residing if not at place of death _____

Married, Single _____ Name of Wife or Husband _____

Father's Name Jno Darby Purdett Father's Birthplace Montgomery Co

Mother's Maiden Name Maggie May King Mother's Birthplace " "

Name of person giving Information Jno Darby Purdett How related to deceased Father

CAUSES OF DEATH

Primary Typhoid fever How long 8 weeks

Immediate Septicemia (abscesses) How long 6 weeks

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician T. B. Johnson. Address Frederick, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

William Henry Chew

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|-------------------------------|--------------------------|---|---|-------|----------|------------------|
| Died at | | Town <i>Frederick</i> | | County <i>Frederick</i> | | MARYLAND | |
| Date of death | 1909 | Month <i>12</i> | Day <i>27</i> | Age <i>64</i> | Years | Months | Days <i>9</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Frederick</i> | | | | |
| Occupation <i>Retired</i> | | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | | | |
| Father's Name <i>William Chew</i> | | | | Father's Birthplace <i>Washington County</i> | | | |
| Mother's Maiden Name <i>Annie Mary Hauer</i> | | | | Mother's Birthplace <i>Frederick</i> | | | |
| Name of person giving information <i>Charles Chew</i> | | | | How related to deceased <i>Brother</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--------------------|
| Primary | <i>Cardiac Valvular Lesion</i> | How long <i>79</i> | <i>Several yrs</i> |
| Immediate | <i>Exhaustion and Gasping of Death</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>U. G. Brown MD</i> | |
| | | Address <i>Frederick Md</i> | |
| Accident or Suicide? | | | |



Name
in
Full

Mary Clowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

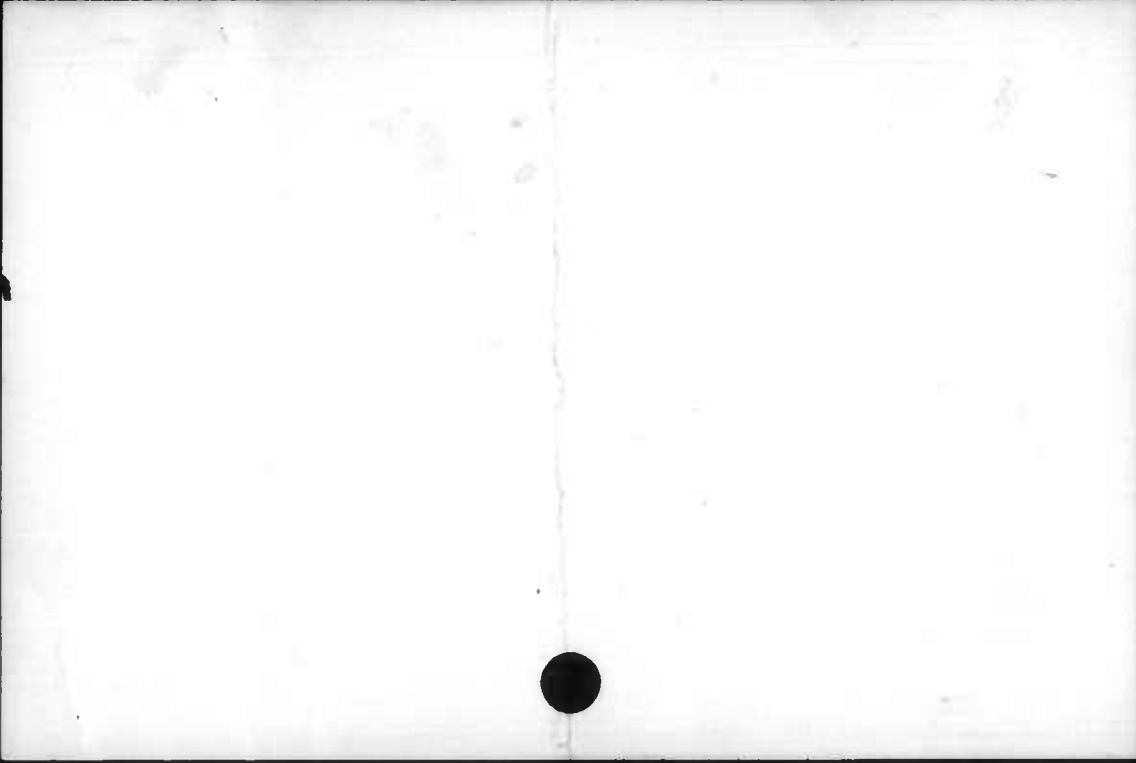
| | | | | | |
|--|---|--------------------------------|---------------------------|-------------|-----------------------------------|
| Died at <i>Burkittsville</i> ^{Town} | | <i>Fred.</i> ^{County} | | MARYLAND | |
| Date of death | <i>1909</i> ^{Month} <i>Dec.</i> ^{Day} <i>28</i> | Age | <i>8</i> ^{Years} | Months | <i>0</i> ^{Days} <i>1</i> |
| Sex | <i>Female</i> | Color or Race | <i>colored</i> | Birth-place | <i>Burkittsville</i> |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | <i>Infant</i> | Name of Wife or Husband | <i>8</i> | | |
| Father's Name | <i>Chester Clowden</i> | Father's Birthplace | <i>Fred. Co.</i> | | |
| Mother's Maiden Name | <i>Mary Hardy</i> | Mother's Birthplace | <i>Fred. Co.</i> | | |
| Name of person giving Information | <i>Chester Clowden</i> | How related to deceased | <i>Father</i> | | |

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

| | | | |
|--|--|------------------------|--------------------------|
| Primary | <i>Traumatism due to punishment during</i> | How long | <i>Half hour</i> |
| Immediate | <i>Concussion of Brain</i> | How long | <i>1 day</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | <i>A. G. Lamon, M.D.</i> |
| | | Address | <i>Middletown, Md.</i> |
| Accident or Suicide | <i>Accident</i> | | |



Name
in
Full

Adam Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Ant. Army* Town *Fredericks* County
Date of death 190 *9* Month *12* Day *11* Age *67*
Sex *Male* Color or Race *Black* Birth-place *Ind.*
Occupation *Farmer* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Mary Cook*
Father's Name *Josiah Cook* Father's Birthplace *Ind.*
Mother's Maiden Name *Rachel Ray* Mother's Birthplace
Name of person giving Information *Mary Cook* How related to deceased *wife*

CAUSES OF DEATH

Primary *Pelvic abscess* How long *144*
Immediate *Black poisoning* How long *unknown*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *M. S. Carr*
Address *Unionville*
Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Loretta M. Cummins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Max Knysville* ^{County} *Fredrick* **MARYLAND**

Date of death 190 ^{Month} *9* ^{Day} *10* Age ^{Years} *44* ^{Months} *7* ^{Days} *7*

Sex *Female* Color or Race *White* Birth-place *Balt W Va*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *George W Cummins*

Father's Name *John J. Booth* Father's Birthplace *Virginia*

Mother's Maiden Name *Ree. Donaldson* Mother's Birthplace *Virginia*

Name of person giving Information *George, W^m Cummins* How related to deceased *Head of household*

CAUSES OF DEATH

22

PHYSICIAN
OR CORONER

Primary *Anthrax* How long *11 -*

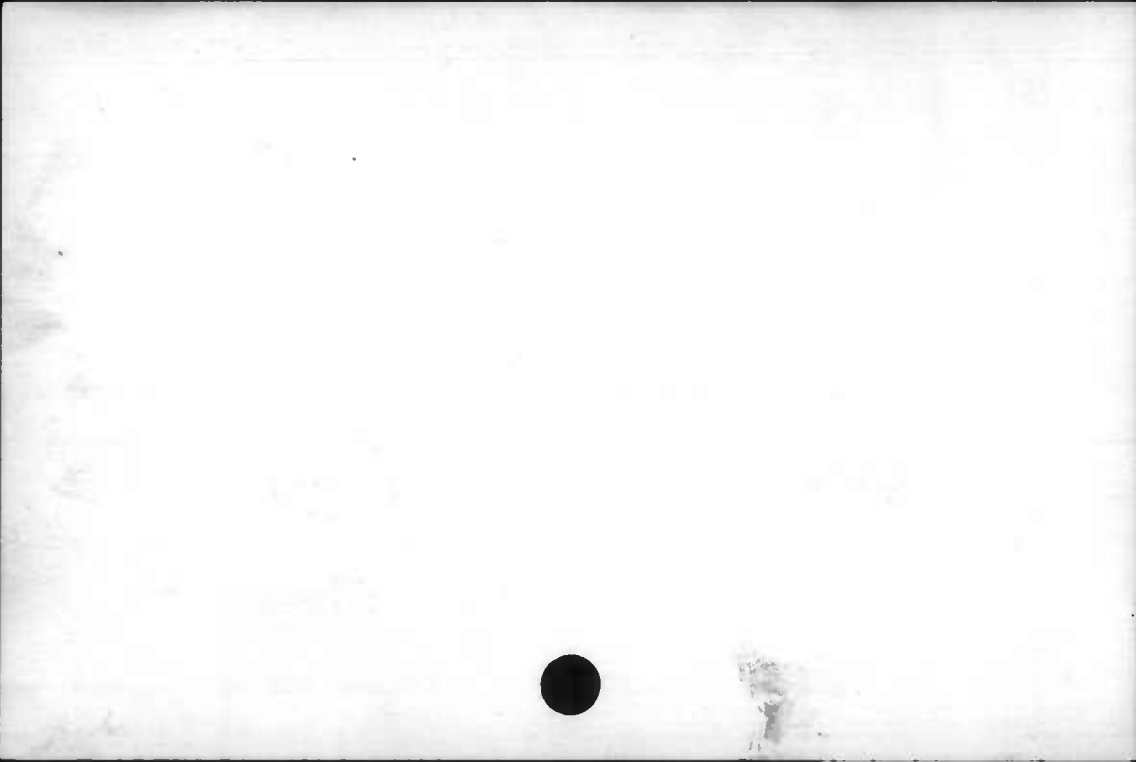
Immediate *Sepsicaemia* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *ye*

Signature of Physician *H S Hedges*

Address *Brunswick Md*

Accident or Suicide



Name
in Full

CERTIFICATE OF DEATH

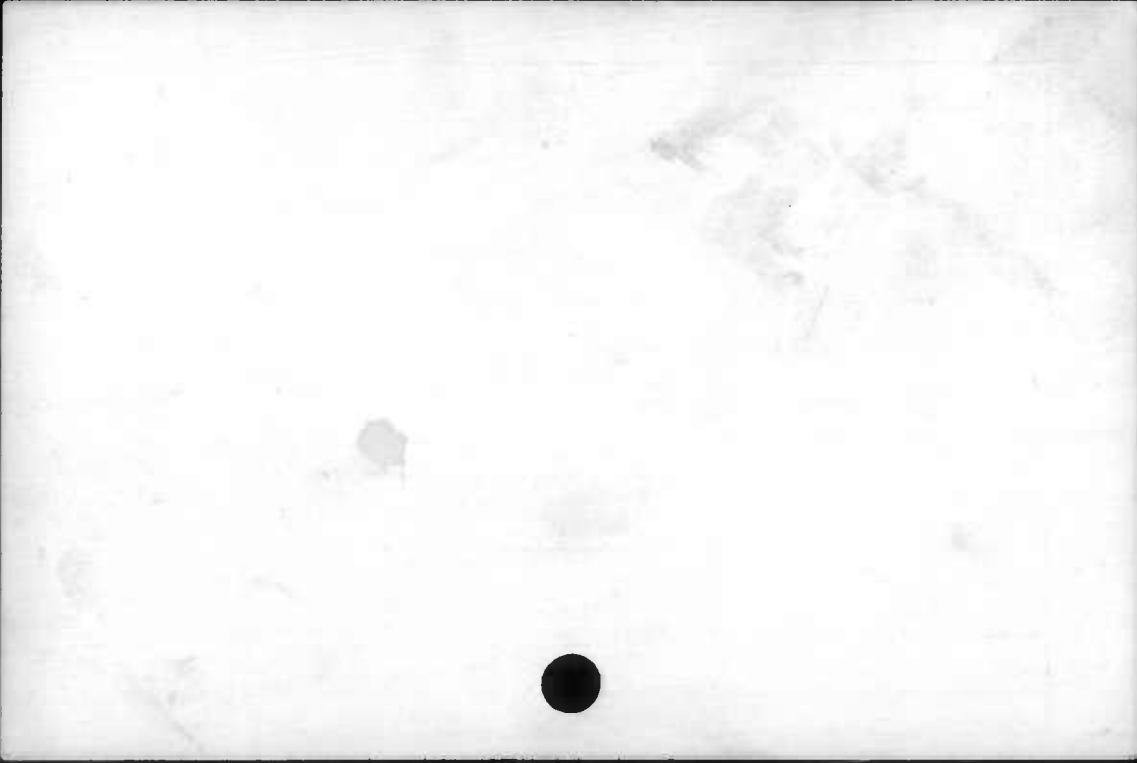
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|--|-------------------------------|--|-----------------|--|
| Name in Full <i>Ann Mary Dade</i> | | Town <i>Jefferson</i> | | County <i>Isle of</i> | | MARYLAND | |
| Died at <i>Jefferson</i> | | Month <i>12</i> | | Day <i>29</i> | | Years <i>76</i> | |
| Date of death <i>1909</i> | | Month <i>12</i> | | Day <i>29</i> | | Age <i>76</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Montgomery</i> | | Months <i>9</i> | |
| Occupation | | Where Residing if not at place of death | | | | | |
| <input checked="" type="checkbox"/> Married, Single | | Name of Wife or Husband <i>Columbus Dade</i> | | | | | |
| <input checked="" type="checkbox"/> Widowed | | | | | | | |
| Father's Name <i>John Jones</i> | | Father's Birthplace <i>Ala.</i> | | | | | |
| Mother's Maiden Name <i>Elizabeth Samrell</i> | | Mother's Birthplace <i>Ala.</i> | | | | | |
| Name of person giving Information <i>M. J. Dade</i> | | How related to deceased | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--|---|--|
| Primary <i>Acute Indigestion</i> | | How long <i>1 1/2 hours</i> | |
| Immediate <i>Heart Failure</i> | | How long <i>Very sudden</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>H. B. Gross</i> | |
| | | Address <i>Jefferson</i> | |
| Accident or Suicide | | <i>Ala.</i> | |



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *new Jefferson* ^{Town}*Frederick* ^{County}Date of death *1909* ^{Month} *Dec* ^{Day} *24*Age *1* ^{Years}^{Months} *1* ^{Days} *28*Sex *Female*Color or Race *white*Birth-place *md*Occupation *Infant*

Where Residing if not at place of death

Married, Single or Widowed *m*Name of Wife or Husband *m*Father's Name *Charles DeGrange*Father's Birthplace *md*Mother's Maiden Name *Mary Eline*Mother's Birthplace *md*Name of person giving information *Mary DeGrange*How related to deceased *Mother*

CAUSES OF DEATH

(104)

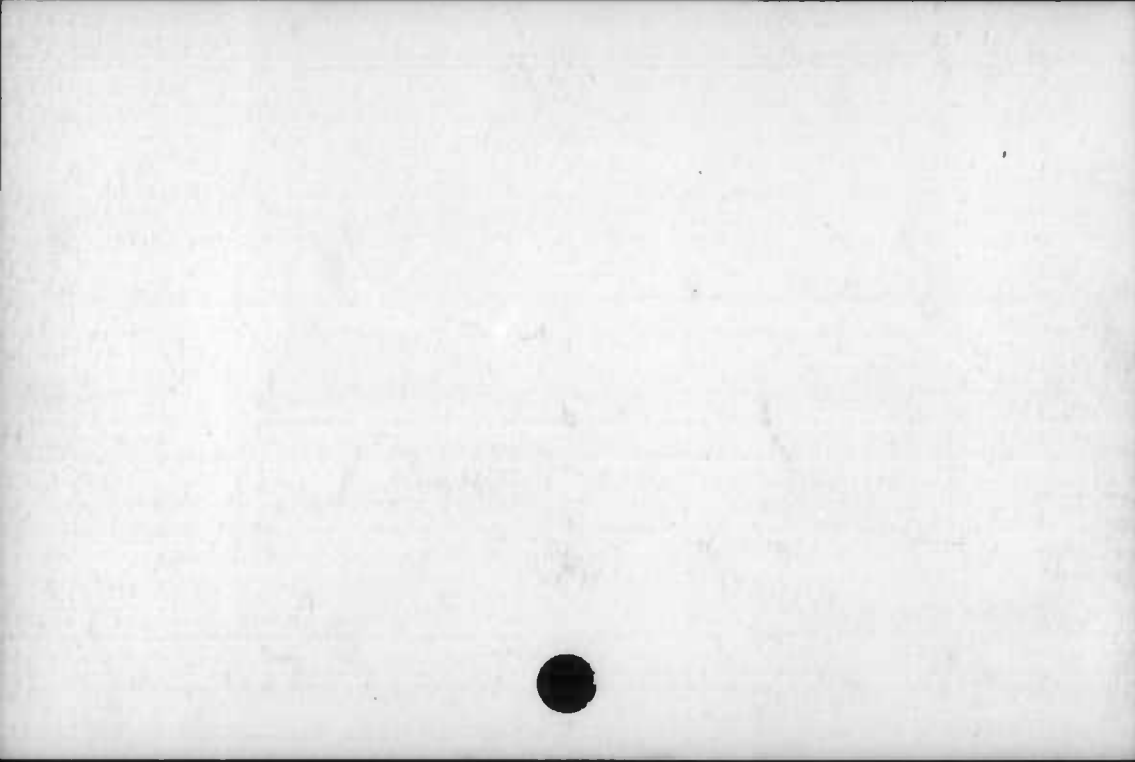
Primary *Severe Diarrhoea*How long *2 wks.*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *A. J. Smith*Address *Jefferson md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Cora Dorsey

Died at

Mound ^{Town} Hospital ^{County} Fred Co

MARYLAND

Date

of death

1909

Month

12

Day

6

Age

Years

18

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Md

Occupation

Domestic

Where Residing if not
at place of death

Charles C.

Married, Single
or Widowed

Single

Name of Wife or
Husband

X

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

"

Mother's
Birthplace

"

Name of person giving
Information

Alice Davis

How related
to deceased

No relation

CAUSES OF DEATH

Primary

Acute Mania

How long

Several weeks

Immediate

Exhaustion

How long

1 to 2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

U. G. Brown M.D.

Address

Frederick,

Accident or Suicide

Md.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Infant. Dorsey.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Frederick* County *Frederick* MARYLAND

Died at *Frederick*

Date of death 1909 *12* Month *1* Day *0* Age *0* Months *0* Days *14*

Sex *Male* Color or Race *Black* Birth-place *Frederick*

Occupation *_____* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *_____*

Father's Name *Unknown* Father's Birthplace *_____*

Mother's Maiden Name *Jennie Dorsey.* Mother's Birthplace *Maryland*

Name of person giving Information *Jennie Dorsey* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Pneumonia (?)* How long *Saw child after death = no physician*

Immediate *_____* How long *_____*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. M. Cundy, M.D.*

Address *Frederick.*

Accident or Suicide *_____*

PHYSICIAN
OR CORONER

Interment Dec 2 - 09

" at Greenmount Cemetery

Thomas P. Rice F.O.,

Dr Bousme

as McCusday

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Elizabeth Downey
Town *Frederick* County

MARYLAND

Died at *Int Army*

Date of death *1909 Dec. 29*

Age *55*

Months Days

Sex *Female*

Color or Race

White

Birth-
place

Maryland

Occupation

None

Where Residing if not
at place of death

Maryland

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John Downey

Father's
Birthplace

Maryland

Mother's
Maiden Name

Elizabeth Johnson

Mother's
Birthplace

Name of person giving
Information

Mrs. Charles Poole

How related
to deceased

Sister

CAUSES OF DEATH

175

Primary

Overdose of laudanum

How long

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr. M. J. Poole

Unionville,

Maryland

Accident or Suicide -

Accident

PHYSICIAN
OR CORONER

2



Name
in
Full

David Eighenbrode

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Thurmont Town Frederick County

MARYLAND

Date of death 190 9 Dec Month 12 Day Age 63 Years Months 7 Days 11

Sex male Color or Race white Birth-place Md.

Occupation Stone Mason Where Residing if not at place of death same

Married, Single or Widowed married Name of Wife or Husband

Father's Name David Eighenbrode Father's Birthplace Md.

Mother's Maiden Name Elizabeth Hays Mother's Birthplace N.Y.

Name of person giving Information Robt Eighenbrode How related to deceased son

CAUSES OF DEATH

62

Primary Tuberc Dorsalis How long 11 yrs -

Immediate Heart Failure How long 3 mos

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Marion B. Brink

Address Thurmont - Md.

Accident or Suicide no

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

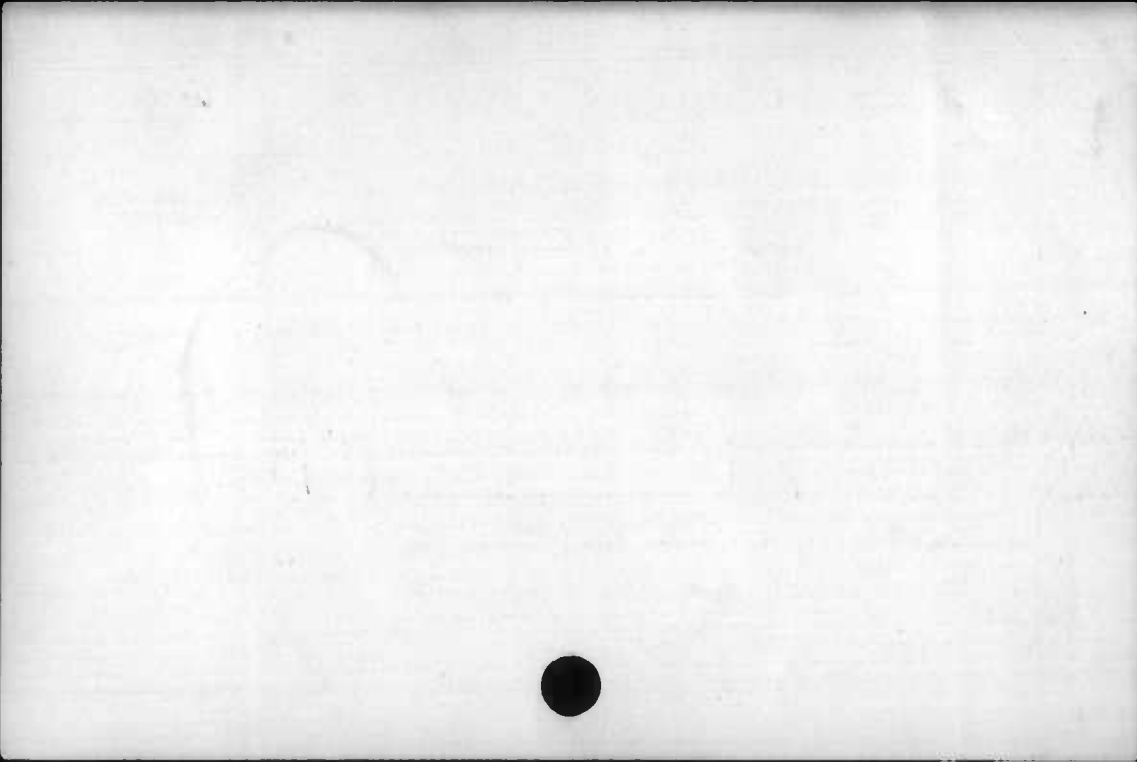
| | | | | | | | |
|---|--|---|--|---|--|--|--|
| Name in Full <i>David Wilber Evans</i> | | Town <i>Brinkithville</i> | | County <i>Frederick</i> | | MARYLAND | |
| Died at <i>Brinkithville</i> | | Date of death 1909 | | Month <i>Dec</i> | | Day <i>13</i> | |
| Sex <i>male</i> | | Color or Race <i>Colord</i> | | Age <i>20</i> | | Months <i>8</i> | |
| Occupation <i>Laborer</i> | | Birth-place <i>Ind</i> | | Days <i>12</i> | | Where Residing if not at place of death | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | Father's Birthplace <i>Ind</i> | | Mother's Birthplace <i>Ind</i> | |
| Father's Name <i>James A Evans</i> | | Mother's Maiden Name <i>Sarah Cantnall</i> | | Name of person giving information <i>J A Evans</i> | | How related to deceased <i>Father</i> | |

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Tuberculosis</i> | How long <i>6 mo</i> |
| Immediate <i>Ephoratois</i> | How long <i>2 wks</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Geo J. ...</i> |
| | Address <i>Brinkithville Ind</i> |
| Accident or Suicide? | |



Name
in
Full

Mary Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|---|----------------------------------|---|---|-------------------------|---------------------------------|------------------------------|
| Died at <u>Monteune</u> <small>Town</small> | | <u>Fredericks</u> <small>County</small> | | MARYLAND | | |
| Date of death | <u>1909</u> <small>Month</small> | <u>12</u> <small>Day</small> | <u>9</u> <small>Years</small> | Age | <u>80</u> <small>Months</small> | <u>—</u> <small>Days</small> |
| Sex | <u>Female</u> | Color or Race | <u>Black</u> | Birth-place | <u>Maryland</u> | |
| Occupation | <u>Maid</u> | | Where Residing if not at place of death | | | <u>Same</u> |
| Married, Single or Widowed | <u>Single</u> | | Name of Wife or Husband <u>—</u> | | | |
| Father's Name | <u>Slave. Unknown</u> | | | Father's Birthplace | <u>Unknown</u> | |
| Mother's Maiden Name | <u>"</u> | | | Mother's Birthplace | <u>"</u> | |
| Name of person giving Information | <u>Dr. S. Motter</u> | | | How related to deceased | <u>Not at all</u> | |

CAUSES OF DEATH

| | | | |
|--|--------------------------------|------------------------|-------------------------------|
| Primary | <u>Cardiac Valvular Lesion</u> | How long | <u>104</u> <u>Several yrs</u> |
| Immediate | <u>Acute Indigestion</u> | How long | <u>One half hr.</u> |
| Are the name, age, sex, color, date and place correctly given above? | <u>yes</u> | Signature of Physician | <u>M. G. Doum M.D.</u> |
| | | Address | <u>Fredericks, Md.</u> |
| Accident or Suicide | <u>—</u> | | |

PHYSICIAN
OR CORONER

Interment Dec 11 1909

" at Emmittsburg Md

Thomas P. Rice F.D.

Dr Bourne

Dr Goodell

Name
in
Full

CERTIFICATE OF DEATH

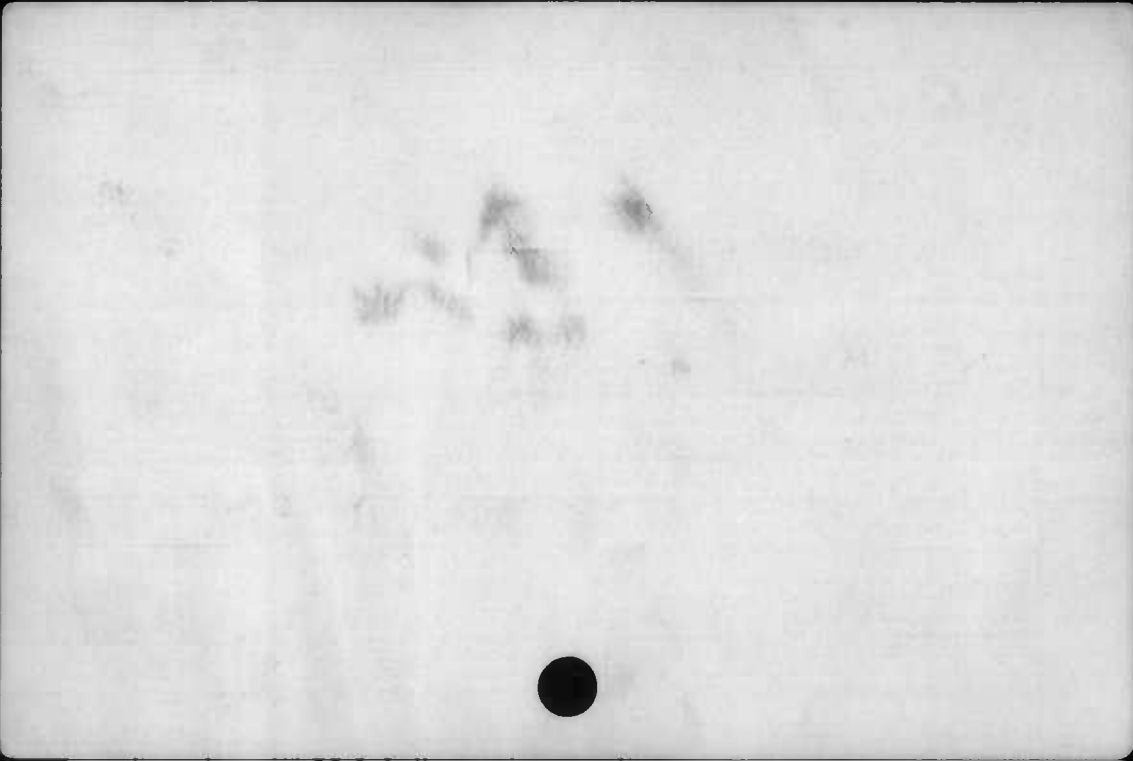
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|---|-----------------------|-------------------------------|--------------|----------------|-----------------|---------------|
| Died at <i>New Urbana</i> | | Town <i>Frederick</i> | | County | | MARYLAND | |
| Date of death | <i>1909</i> | Month <i>December</i> | Day <i>12</i> | Age <i>—</i> | Years <i>—</i> | Months <i>—</i> | Days <i>7</i> |
| Sex <i>male</i> | Color or Race <i>Black</i> | | Birth-place <i>New Urbana</i> | | | | |
| Occupation <i>—</i> | Where Residing if not at place of death <i>New Urbana</i> | | | | | | |
| Married, Single or Widowed <i>—</i> | Name of Wife or Husband <i>—</i> | | | | | | |
| Father's Name <i>Ruben forman</i> | Father's Birthplace <i>Ind.</i> | | | | | | |
| Mother's Maiden Name <i>Annie Stuard</i> | Mother's Birthplace <i>Ind.</i> | | | | | | |
| Name of person giving information <i>Reuben forman</i> | How related to deceased <i>Further</i> | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Pneumonia</i> | How long <i>3 days</i> |
| Immediate <i>congestion</i> | How long <i>12 hrs.</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Barry Perry</i> |
| | Address <i>Araby Ind.</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mayil E. Fritz* Town *Wm. Adams* County *Frederick* MARYLAND
Died at
Date of death 190*9* Month *Dec* Day *18* Age *3* Year *1* Month *5* Days
Sex *girl* Color or Race *White* Birth-place *MD*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____
Father's Name *Charles Fritz* Father's Birthplace *MD*
Mother's Maiden Name *Anna Glass* Mother's Birthplace *MD*
Name of person giving Information *Gon Fritz* How related to deceased *brother*

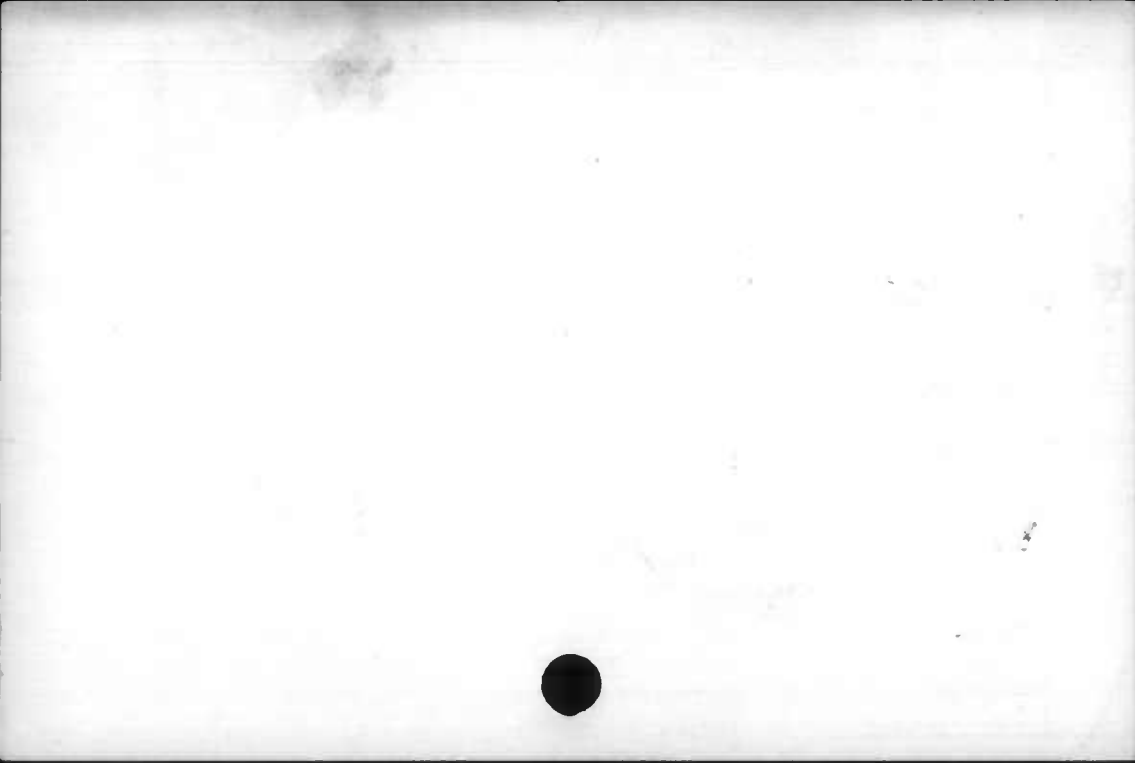
(*Playing with fire in store*)

CAUSES OF DEATH

Primary *Burning on front of abdomen and chest also arms & face* How long *167* ✓
Immediate *Inhabiting flames* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *M. J. Pease*
Address *Unionville MD*
Accident or Suicide *.*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Buelah Gouso
Town *Rocky Spring* County *Moderick*

Died at *Rocky Spring* *Moderick* MARYLAND

Date of death 19*99* Dec. *17* Age *6* Months *1* Days *9*

Sex *Female* Color or Race *White* Birth-place *Ind.*

Occupation *—* Where Residing if not at place of death *Place of death*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John Gouso* Father's Birthplace *Ind.*

Mother's Maiden Name *Charlotte Falk* Mother's Birthplace *Ind.*

Name of person giving Information *John Gouso* How related to deceased *—*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

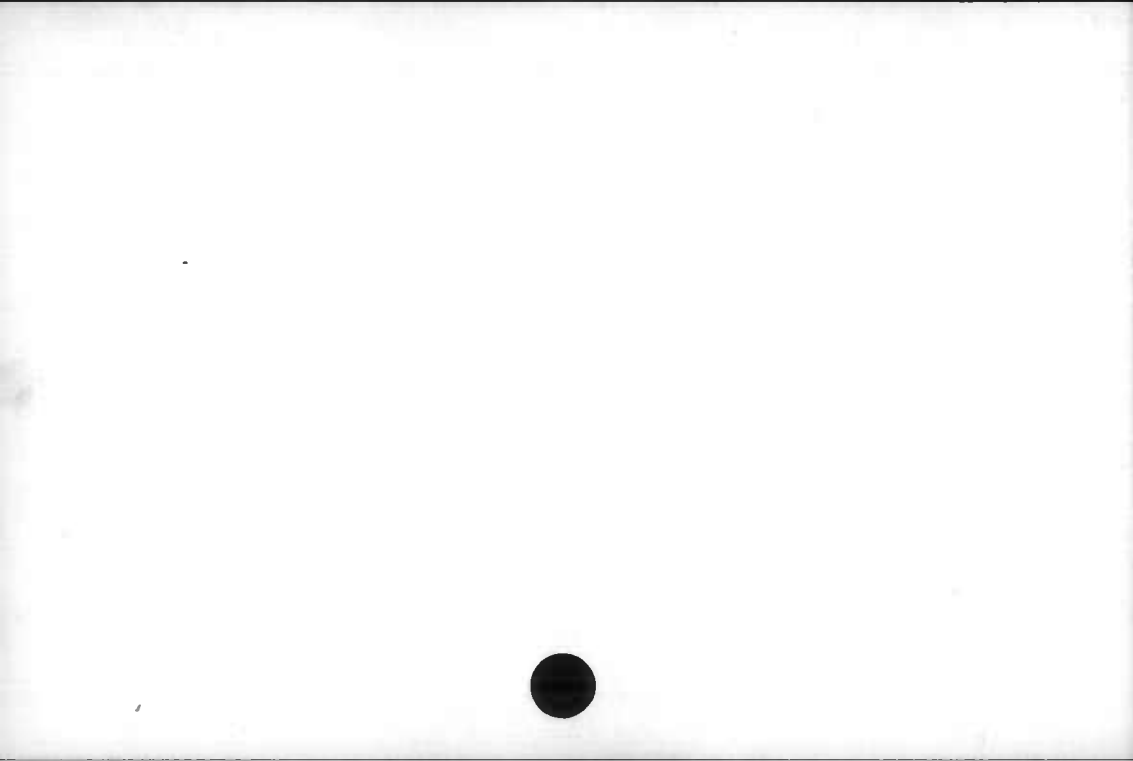
Primary *Acute Bright's Disease* *119* How long *about 4 weeks*

Immediate *As thymia* How long *One week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *S. V. Haffner, M.D.*
Address *Moderick, Ind.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Carl Greer* Town *Pont of Rocks* County *Fredrick* MARYLAND

Died at *Pont of Rocks* Date of death *1919 Dec 21* Age *9* Months *9* Days *6*

Sex *male* Color or Race *Negro* Birth-place *Pont of Rocks*

Occupation *None* Where Residing if not at place of death *None*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Hughes Greer* Father's Birthplace *Fredrick Co*

Mother's Maiden Name *Maggie Malen* Mother's Birthplace *Pont of Rocks*

Name of person giving Information *Maggie Malen - Gran* How related to deceased *Mother*

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary *Broncho Pneumonia* How long *Three weeks*

Immediate *Convulsions* How long *1 Day*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *R. Nathan Trappnell* Address *Pont of Rocks Md*

Accident or Suicide



Name
in
Full

Melvin W. ^{Orsey} Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Fredericks Town Fredericks County MARYLAND

Date of death 190 9 Month 12 Day 20 Age 0 Years 2 Months 21 Days

Sex Male Color or Race Nulatto Birth-place Fredericks

Occupation Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Harry W Orsey Father's Birthplace Fredericks

Mother's Maiden Name Florence Hall Mother's Birthplace "

Name of person giving Information Florence Hall How related to deceased Mother

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary Croup How long

Immediate Strangulation How long Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician None in attendance

Address J. M. Mundy, F.O.

Accident or Suicide

Interment Dec 21 1909
" at Laboring Son's Cemetery
Thomas P. Rice F.O.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Harriet Josephine Harbaugh
Town Sabillasville Md. County Frederick

MARYLAND

Died at Sabillasville Md. Frederick
Date of death 1909 Dec 25 Age 0 Months 0 Days 0

Sex Female Color or Race White Birthplace Sabillasville Md

Occupation None Where Residing if not at place of death At place of death

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Corless Fleet Harbaugh Father's Birthplace Sabillasville Md

Mother's Maiden Name Ada Florence Pryor Mother's Birthplace " "

Name of person giving Information C. Fleet Harbaugh How related to deceased Father

CAUSES OF DEATH

Primary Not known Died in Utero probably 4 or 5 days How long

Immediate before delivery How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician G. L. Wachter M. D.

Address Sabillasville

Accident or Suicide

Md.



Name
in
Full

CERTIFICATE OF DEATH

Died at

Hardy Anne

Town

Brunswick

County

Frederick

MARYLAND

Date

of death

1909

Month

Dec

Day

8

Age

45

Months

Days

Sex

Female

Color or
Race

African

Birth-
place

Md

Occupation

Domestic

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Huaband

Eugene Hardy

Fether's
Name

Wash Wilkerson

Father's
Birthplace

Unknown

Mother's
Maiden Name

Mariah Finick

Mother's
Birthplace

Unknown

Name of person giving
Information

Eugene Hardy

How related
to deceaaad

Husband

CAUSES OF DEATH

Primary

Septicemia pyaemic

How long

120

Immediate

Cardiac Asthenia

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

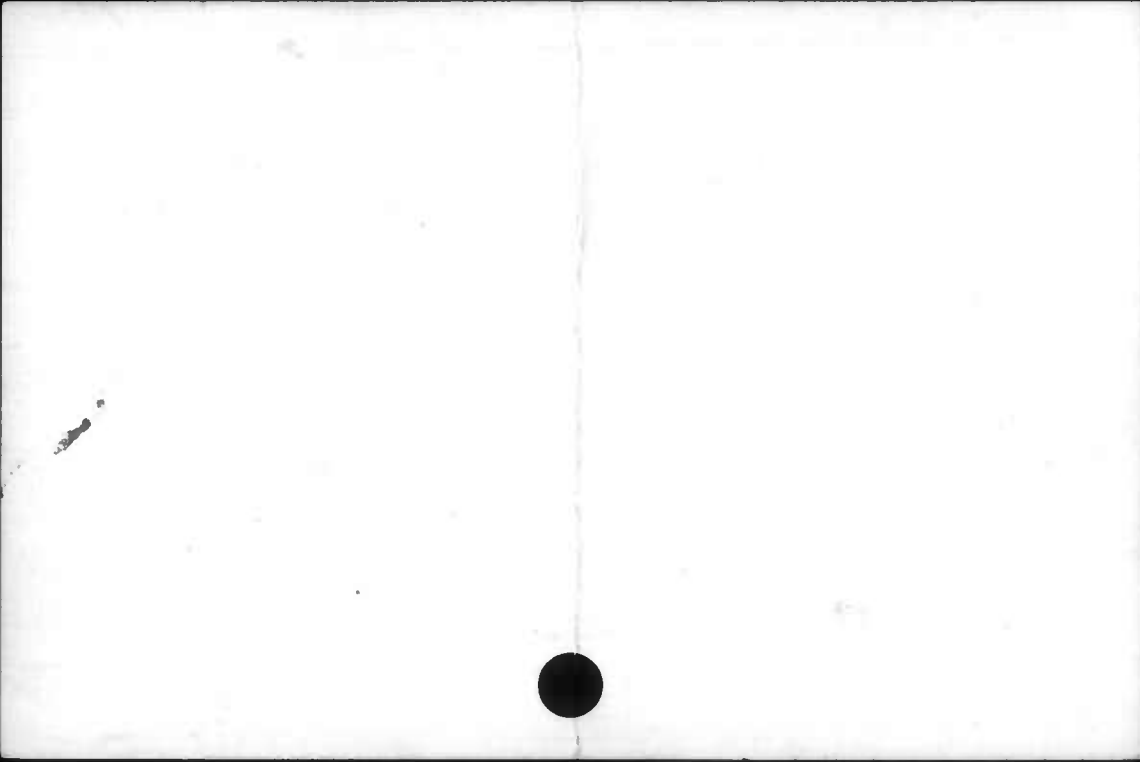
H. P. Fahmy M.D.

Address

Frederick Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Charles F. E. Harman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

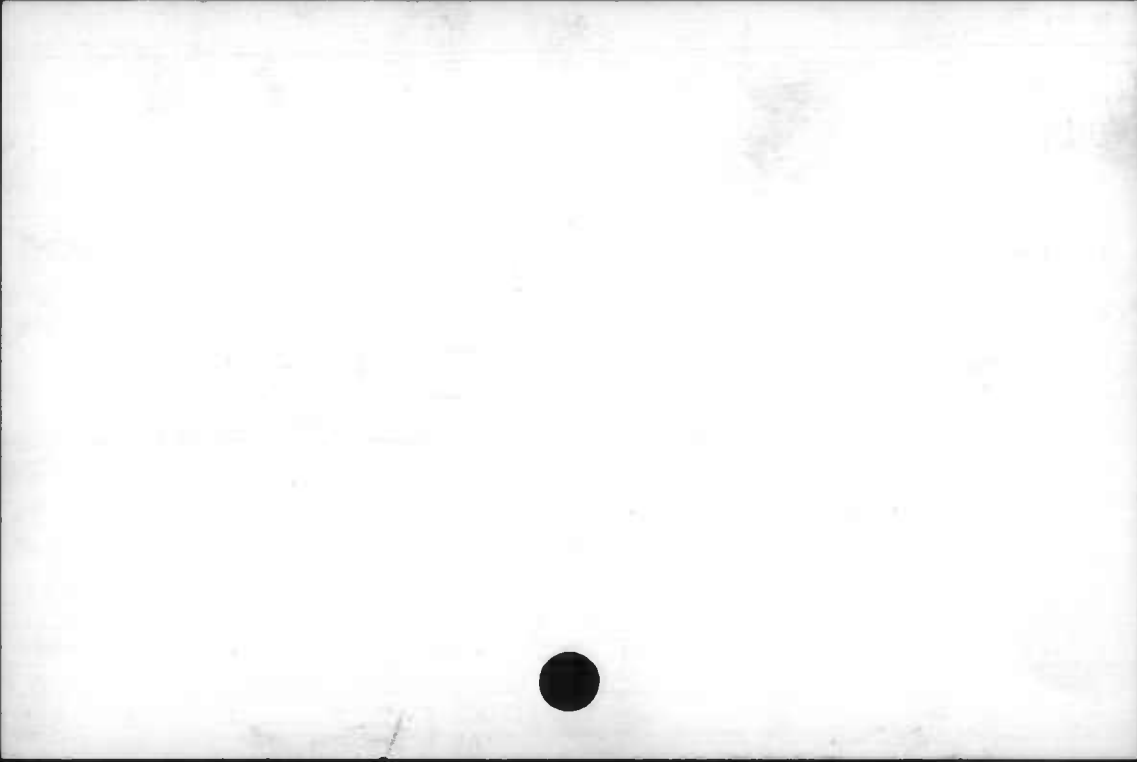
| | | | | | |
|---|---|------------------------------------|----------------------------|----------|----------|
| Died at ^{Town} Frederick, Md. | | ^{County} Frederick County | | MARYLAND | |
| Date of death | Month 12 | Day 29 | Age 36 | Years 8 | Months 9 |
| Sex Male | Color or Race White | | Birth-place Frederick, Md. | | |
| Occupation Brush maker | Where Residing if not at place of death | | Frederick, Md. | | |
| Married, Single or Widowed married | Name of Wife or Husband Mrs. E. Harman | | | | |
| Father's Name George H. Harman | Father's Birthplace Germany | | | | |
| Mother's Maiden Name Rebecca Eves | Mother's Birthplace Liberty, Md. | | | | |
| Name of person giving Information Robert Harman | How related to deceased Brother | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|--|------------------------------------|
| Primary Pulmonary Tuberculosis | How long 6 months |
| Immediate Exhaustion | How long 2 hours |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician F. H. Heder |
| | Address Frederick |
| Accident or Suicide | |



Name
in
Full

Oscar N. Harper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--------------------|---|-----------------|-------------------------|-----------------|----------|----|
| Died at <i>Frederick</i> | | Town <i>Frederick</i> | | County <i>Frederick</i> | | MARYLAND | |
| Date of death | 1909 | Month | 12 | Day | 14 | Age | 12 |
| Sex | Male | Color or Race | White | Birth-place | Frederick Co Md | Months | 7 |
| Occupation | School Boy | Where Residing if not at place of death | Same | Days | 12 | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | | | | | |
| Father's Name | Samuel Harper | Father's Birthplace | Frederick Co Md | | | | |
| Mother's Maiden Name | Mary A. Stottemier | Mother's Birthplace | " " " | | | | |
| Name of person giving Information | Mrs. Harper | How related to deceased | Mother | | | | |

CAUSES OF DEATH

| | | | |
|--|-----------------|------------------------|--------------------|
| Primary | Laryngeal Croup | How long | 24 hours |
| Immediate | Cardiac asthma | How long | 10 hours |
| Are the name, age, sex, color, data and place correctly given above? | yes | Signature of Physician | B. C. Thomas, M.D. |
| | | Address | Frederick Md |
| Accident or Suicide | ~~~~~ | | |

PHYSICIAN
OR CORONER

Interment Dec 16 - 1909
" at Bethel Cemetery
Thomas P. Rice F. O.

Dr. Thomas
Dr. McCurdy

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Geo Washington Herbert
Town *Middletown* County *Frederick* MARYLAND

Died at *Middletown Frederick*

Date of death 190*9* *Dec* *31* Age *68* Months *8* Days *26*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Retired* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John W Herbert* Father's Birthplace *Md*

Mother's Maiden Name *Susan Gibbons* Mother's Birthplace *Md*

Name of person giving Information *Geo Delander* How related to deceased *Brother in Law*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Acute Indigestion & Melancholia* How long *10 hrs.*

Immediate *Cardiac Failure* How long *2 min.*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *E. L. Bowles M.D.*

Address *Middletown Md.*

Accident or Suicide



Name
in
Full

Catherine Horine

CERTIFICATE OF DEATH

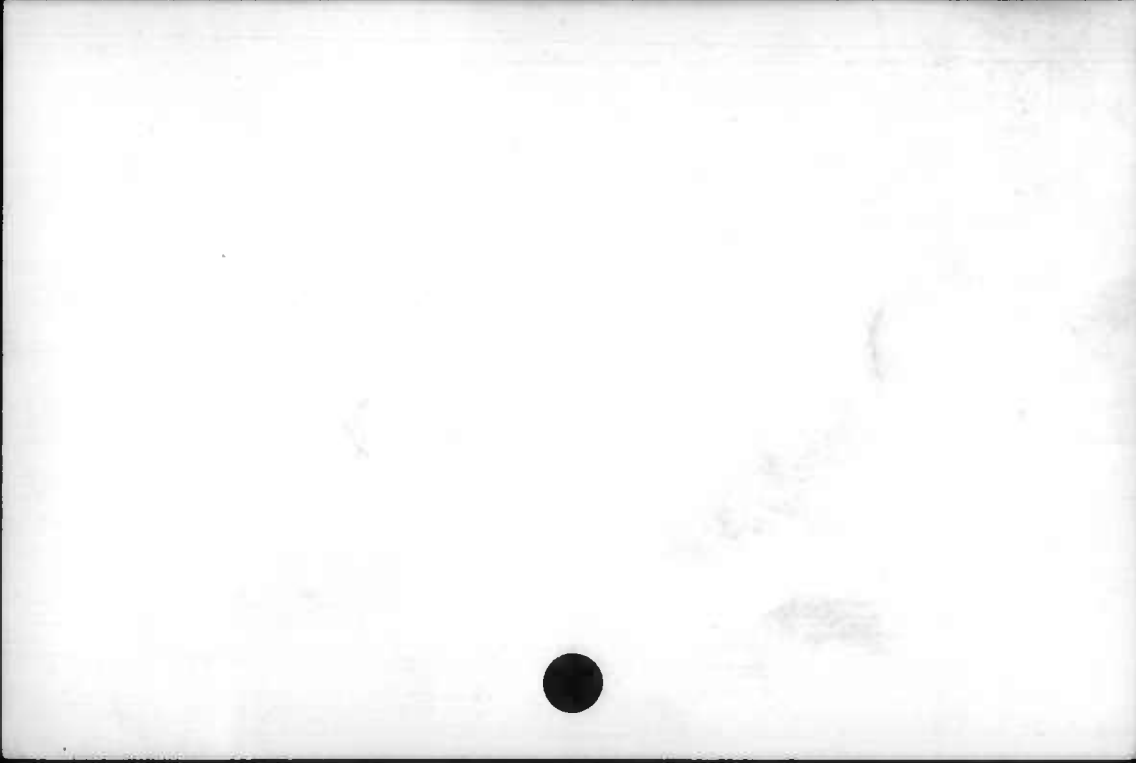
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|--------------------------------|--|--------------------------------|---|
| Died at <i>Bentsville</i> ^{Town} | | <i>Frank</i> ^{County} | | MARYLAND | |
| Date of death | <i>1909</i> | <i>12</i> ^{Month} | <i>8</i> ^{Day} | Age <i>83</i> ^{Years} | <i>27</i> ^{Months} <i>27</i> ^{Days} |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Burkittsville</i> | | |
| Occupation | | | Where Residing if not at place of death | | |
| Married, Single Widowed | | | Name of Wife or Husband <i>Joel Horine</i> | | |
| Father's Name | | | Father's Birthplace | | |
| Mother's Maiden Name | | | Mother's Birthplace | | |
| Name of person giving Information <i>Egna Horine</i> | | | How related to deceased <i>Son</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|---|---------------------|
| Primary | How long | <i>154</i> |
| Immediate <i>General Debility</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>A. Smith M.D.</i> | <i>Jefferson Md</i> |
| Address | | |
| Accident or Suicide | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909 Dec

30

Age

17

Sex

Female

Color or
Race

White

Birth-
place

Levinstown

Occupation

School girl

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Houch

Father's
Birthplace

Levinstown, Ind.

Mother's
Maiden Name

Emma Gimmessman

Mother's
Birthplace

" "

Name of person giving
Information

Raymond Houch.

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Lamp upset and ignited clothing

How long

167

Burn of face & arms

1 week.

Immediate

Traumatic Pneumonia

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Wm M. Smith

Address

Frederick, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

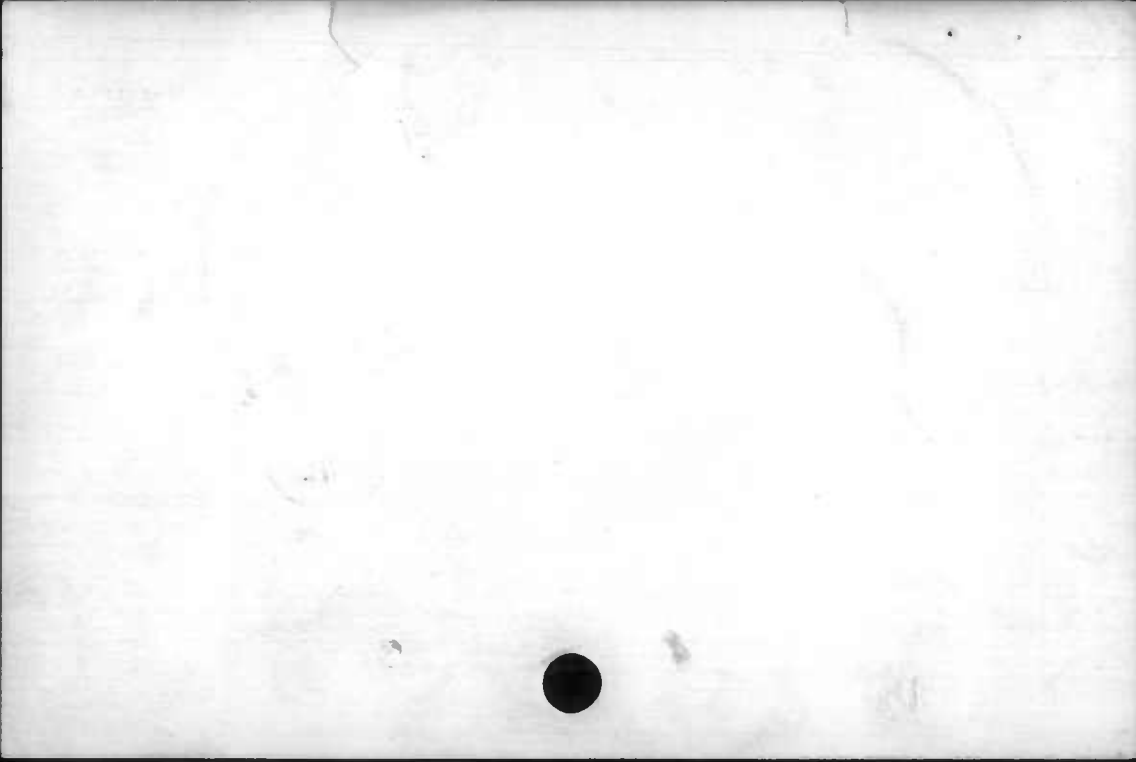
| | | | | | | | |
|-----------------------------------|-------------------|------------------|------------------------------|--|----------|-------------------------|-------------|
| Died at | | Town Brimmick | | County Fayette | | MARYLAND | |
| Date of death | 190 | q | Month Dec | Day 19 | Age — | Years — | Months 4 |
| Sex | male | | Color of Race | colored | | Birth-place | Brimmick |
| Occupation | — | | | Where Residing if not at place of death — | | | |
| Married, Single or Widowed | — | | Name of Wife or Husband — | | | | |
| Father's Name | Horace Jackson Sr | | | | | Father's Birthplace | Virginia |
| Mother's Maiden Name | Emma Helms | | | | | Mother's Birthplace | W. Va. |
| Name of person giving Information | Horace Jackson | | | | | How related to deceased | father |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

| | | | |
|--|---|------------------------|---------------------------------|
| Primary | Do not know but presume it was pneumonia | How long | Said not to be sick except |
| Immediate | Sudden Death | How long | a slight cold for a day or two. |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | C. W. R. [Signature] |
| | | Address | Brimmick. |
| Accident or Suicide | I did not see or prescribe for this child but presume the facts are about as son states. - C. W. R. | | |



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

²
Murray James

County

MARYLAND

Died at

Frederick

Frederick

Date of death

1909

Month

12

Day

24

Years

Age 34

Months

Days

Sex

Male

Color or Race

American

Birth-place

Frederick Co

Occupation

Fireman

Where Residing if not at place of death

Frederick Md

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Edward Murray

Father's Birthplace

German

Mother's Maiden Name

Annie Hurdock

Mother's Birthplace

German

Name of person giving Information

How related to deceased

CAUSES OF DEATH

56

Primary

Acute Nephritis - Valvular Disease

How long

Several weeks

Immediate

Cardiac Asthenia

How long

7 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. P. Fahney M.D.

Address

Frederick Md

PHYSICIAN OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John C. Jamison
Died at *Fredericks* Town *Fredericks* County *MARYLAND*

Date of death *1909* Month *12* Day *6* Age *81* Months *3* Days *0*

Sex *Male* Color or Race *White* Birth-place *Fredericks Co. Md*

Occupation *Farmer* Where Residing if not at place of death *Same*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary C. Jamison (Cousin)*

Father's Name *Joseph Jamison* Father's Birthplace *Maryland*

Mother's Maiden Name *Martha Boon's* Mother's Birthplace *"*

Name of person giving Information *Jo's. A. Jamison* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Velourar Heart Disease* How long *3 years*

Immediate *Stroke* How long *Sudden*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *C. J. Gordon* Address *Fredericks, Md*

Accident or Suicide *no*

Interment Dec 8 - 1909

" at St. John's Cemetery

Thomas P. Rice F. O.

Dr. Goodell

Dr. McQuady.

Name
in
Full

Wm Kabrich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Buckeytown Sta. ^{Town} Fried ^{County}
 Date of death 1909 ^{Month} Dec ^{Day} 24 Age 72 ^{Years} 7 ^{Months} 7 ^{Days}
 Sex Male Color or Race White Birth-place Germany
 Occupation Farmer Where Residing if not at place of death Same
 Merriad, Single or Widowed Married Name of Wife or Husband Rebecca Kabrich
 Father's Name Unknown Father's Birthplace Unknown
 Mother's Maiden Name Unknown Mother's Birthplace Unknown
 Name of person giving Information Mary Kabrich How related to deceased Daughter

CAUSES OF DEATH

Primary Congestion of Lungs (95) How long 24 hrs -
 Immediate

Are the names, ages, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Clyde Rountson
Buckeytown

Accident or Suicide

No



Name
in
Full

Emma Wash Lawrence

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

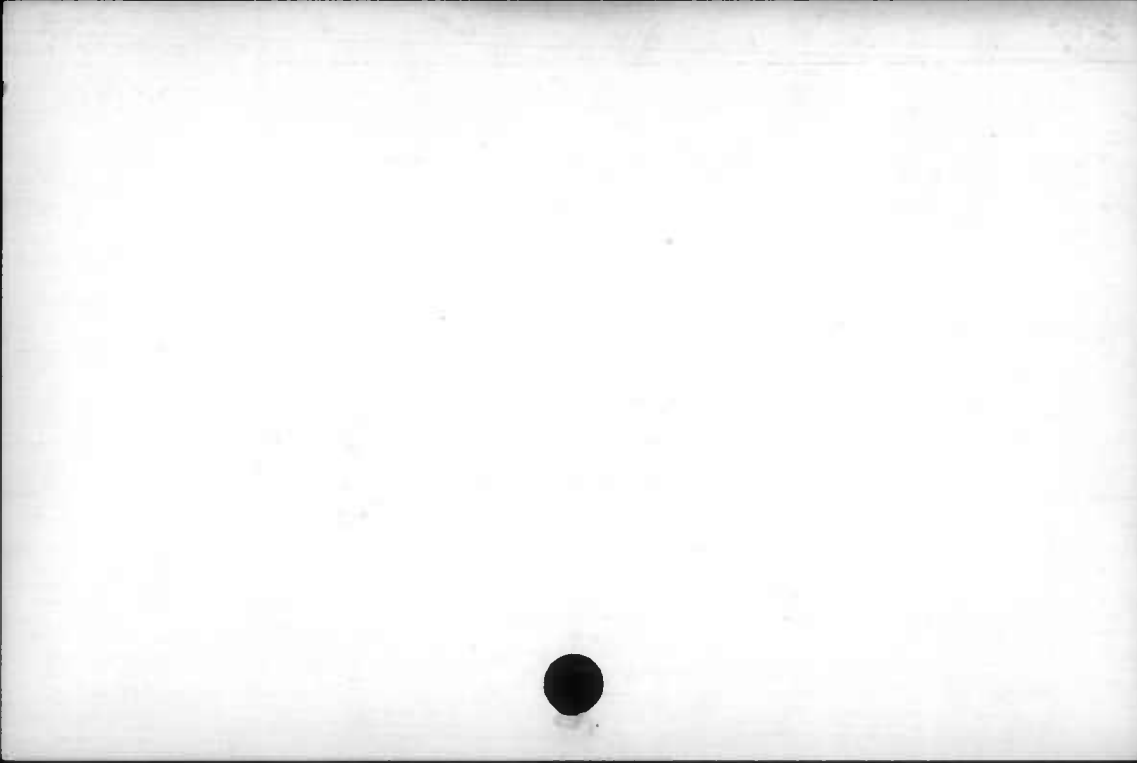
| | | | | | | | |
|-----------------------------------|--|-------------------------|-----|---|-------|----------|------|
| Died at | | Town Unionville | | County Frederick | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1909 | | Dec. | 14 | 52 | 5 | 6 | |
| Sex | | Color or Race | | Birth-place | | | |
| Female | | White | | Frederick Co | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Retired | | | | _____ | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Single | | _____ | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Chas. A. Lawrence | | Frederick Co | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Olivia Carter | | Barroll Co. | | | | | |
| Name of person giving Information | | How related to deceased | | | | | |
| Ernest Lawrence | | Brother | | | | | |

CAUSES OF DEATH

120

| | | | |
|--|-------------------|------------------------|--------|
| Primary | Chronic Nephritis | How long | 2 yrs. |
| Immediate | Heart Failure | How long | 24 hrs |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes | | H. B. Stone | |
| | | Address | |
| | | Liberty Town | |
| | | Frederick Co. | |
| Accident or Suicide | | | |

PHYSICIAN
OR CORONER



Name
in
Full

Adelina L. Simon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brunswick Town Fredrick County MARYLAND

Date of death 1909 Dec. Month 25 Day Age — Years 3 Months 16 Days

Sex Female Color or Race white Birth-place Brunswick

Occupation none Where Residing if not at place of death "

Married, Single or Widowed — Name of Wife or Husband —

Father's Name W. A. SimonFather's Birthplace M. Va.Mother's Maiden Name Mary B. ShyockMother's Birthplace mdName of person giving Information W. A. Simon Father

How related to deceased

CAUSES OF DEATH

93

Primary Meinigitis or over stimulation How long 1 day
(sequela of Pneumonia or influenza)

Immediate Convulsions How long 1 day

Are the name, age, sex, color, date and place correctly given above?

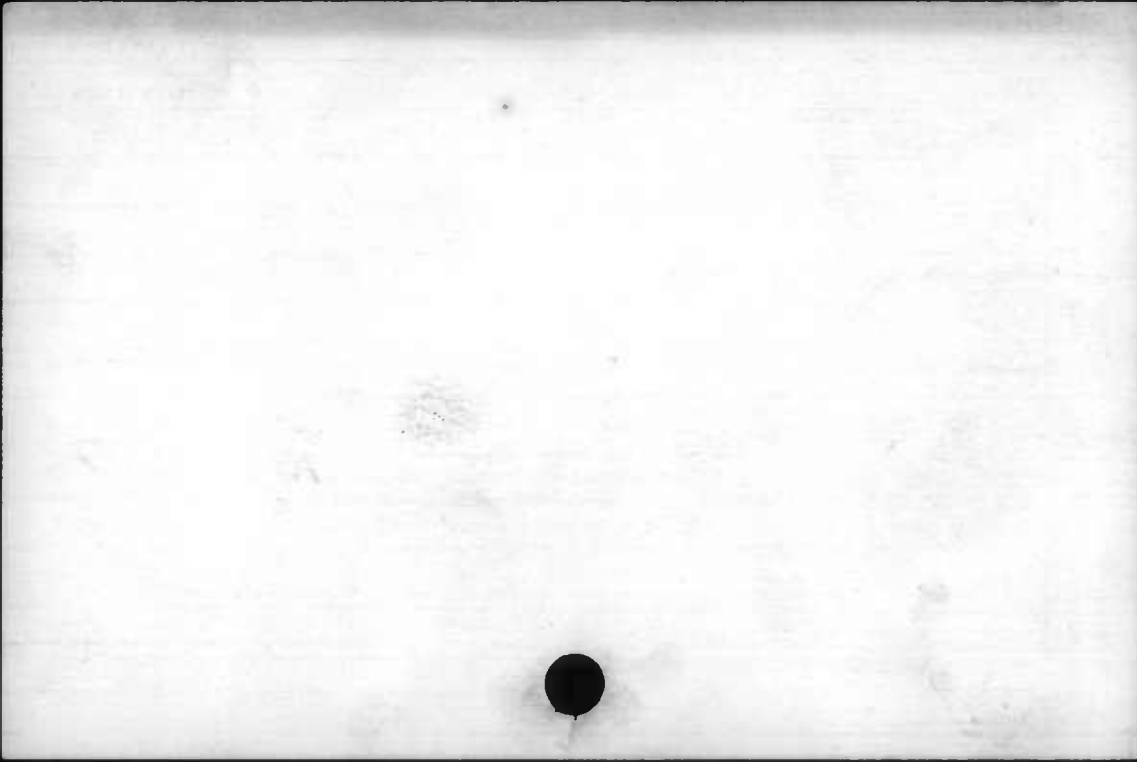
yes

Signature of Physician

Address

C. W. R. Simon, M.D.
Brunswick, Md.

Accident or Suicide



Name
in
Full

Mary A. Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

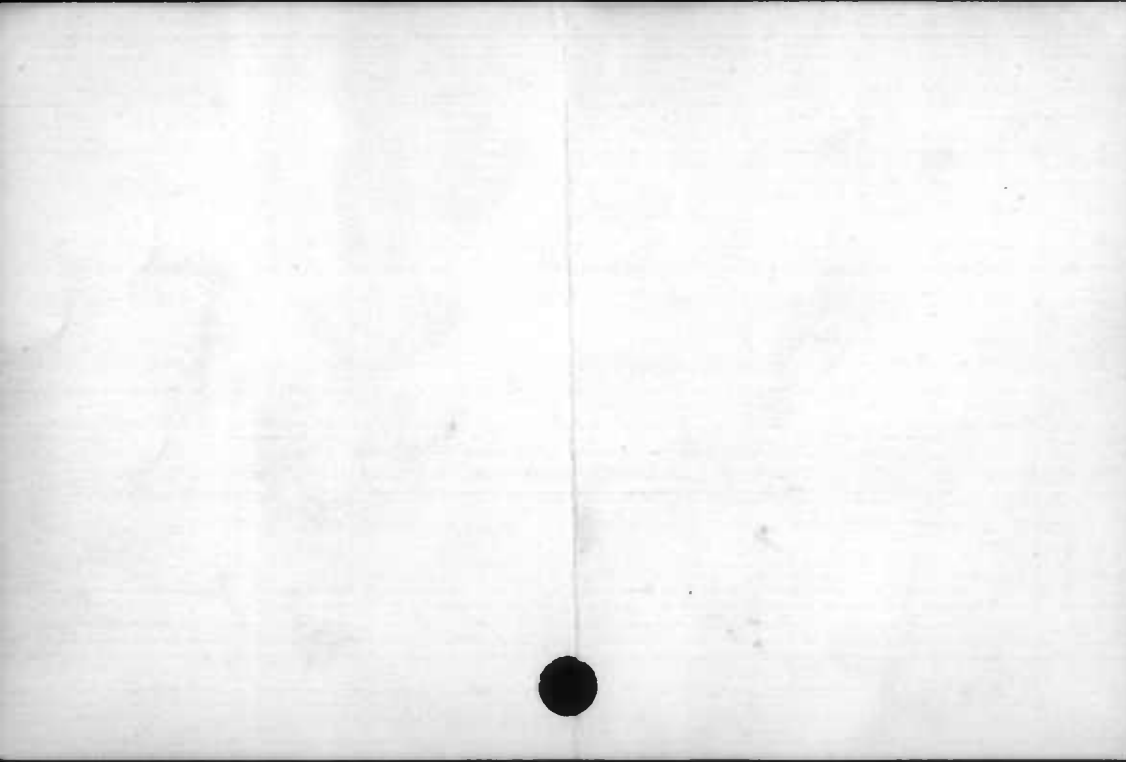
| | | | | | | | |
|-----------------------------------|----------------------------|-----------------------|--|--|------------|-------------------------|--------------------|
| Died at <i>Ridgville</i> | | Town <i>Ridgville</i> | | County <i>Frederick Co</i> | | MARYLAND | |
| Date of death | 1909 | Month | Dec. | Day | 27 | Age | 70 |
| Sex | Female | Color or Race | White | Birth-place | Carroll Co | Months | 8 |
| Occupation | <i>Housewife</i> | | | Where Residing if not at place of death <i>Ridgville</i> | | | |
| Married, Single or Widowed | <i>Married</i> | | Name of Wife or Husband <i>L. Tho. Lewis</i> | | | | |
| Father's Name | <i>Tho. Humming</i> | | | | | Father's Birthplace | <i>Carroll Co.</i> |
| Mother's Maiden Name | <i>Brunette Black Wade</i> | | | | | Mother's Birthplace | <i>Howard Co.</i> |
| Name of person giving information | <i>L. Tho. Lewis</i> | | | | | How related to deceased | <i>Husband</i> |

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------------------------|-----------------------|----------------|
| Primary | <i>Chronic Valvular Heart Disease</i> | How long | <i>2 Years</i> |
| Immediate | <i>Paralysis, Cerebral Hemorrhage</i> | How long | <i>8 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | <i>L. E. Brownell</i> | |
| Address | | <i>Wt. Ave. Ind.</i> | |
| Accident or Suicide? | | | |



Name
in
Full

Edward Moorland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

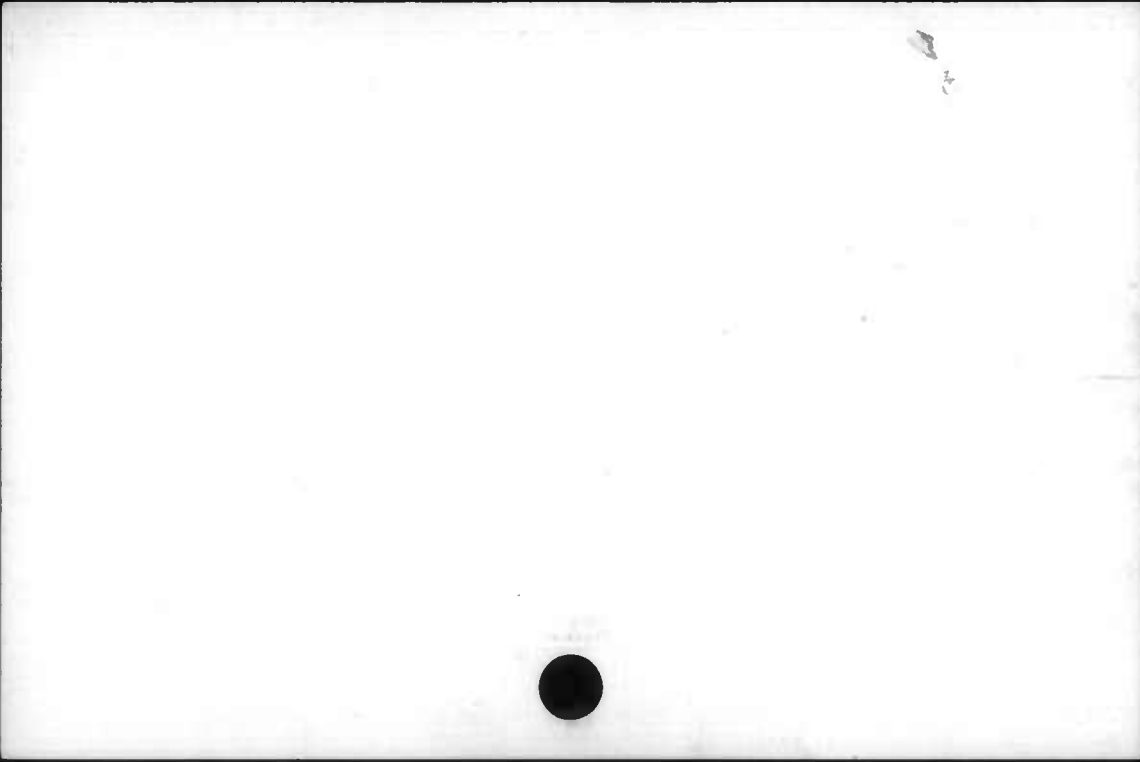
| | | | | | | | |
|-----------------------------------|---------------|---------------|-------------------------|---|------------------|---------|------|
| Died at | | Town | | County | | MAYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1909 | | 12 | 11 | 68 | | | |
| Sex | Male | Color or Race | White | Birth-place | Unknown | | |
| Occupation | Unknown | | | Where Reaiding if not at place of deeth | Deekerson Md | | |
| Married, Single or Widowed | Unknown | | Name of Wife or Husband | Unknown | | | |
| Fathar's Neme | Unknown | | | Father's Birthplace | Unknown | | |
| Mother's Meiden Name | Unknown | | | Mother's Birthplace | Unknown | | |
| Name of person giving Information | August Hilton | | | How related to deceased | Funeral Director | | |

CAUSES OF DEATH

79

| | | | |
|--|------------------------|----------------|---------|
| Primery | Valvular Heart disease | How long | 4 years |
| Immediate | Heart failure | How long | 1 week |
| Are the name, age, sex, color, date and plect correctly given above? | Signature of Physician | Address | |
| | Wm M. Smith | Frederick city | |
| Accident or Suicide | | | |

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

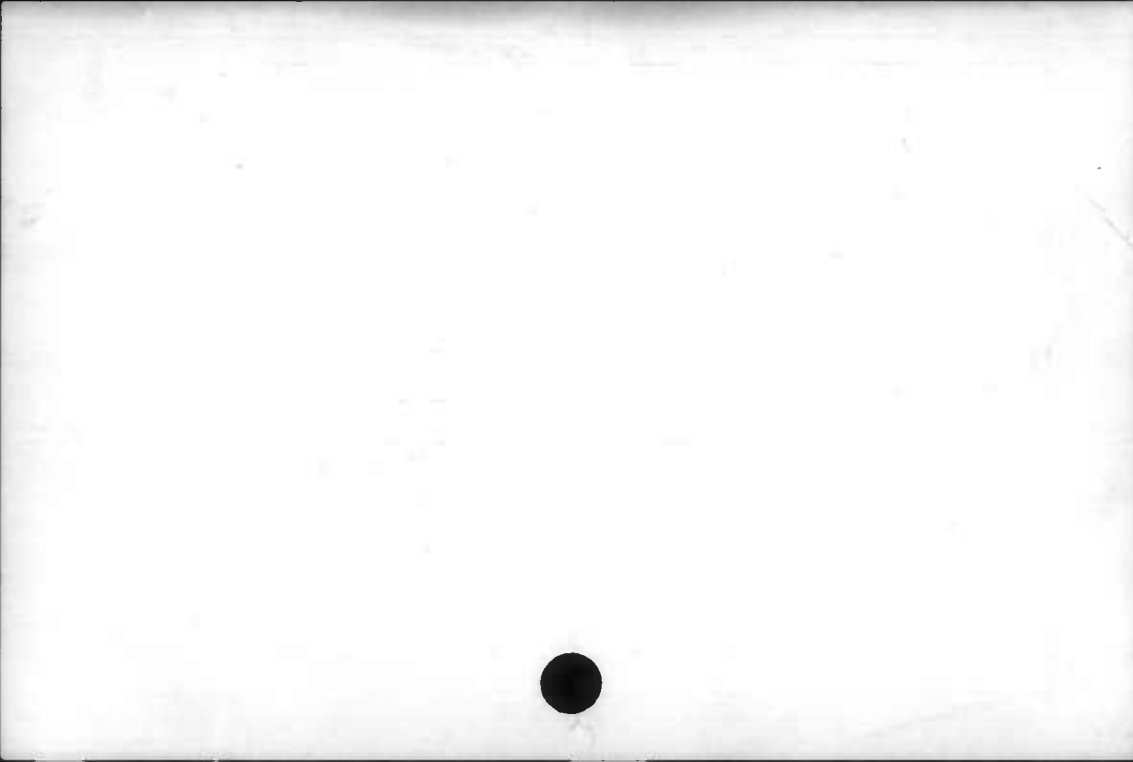
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|-----------------------------------|--|--------------------|--|---|--|---|--|-------------|--|
| Name in Full | | Mary E. Murphay | | Died at | | Stalkersville ^{Town} Frederick ^{County} | | MARYLAND | |
| Date of death | | 1909 Dec. 27 | | Age | | 58 | | about 6. | |
| Sex | | Female | | Color or Race | | White | | Birth-place | |
| Occupation | | Housewife | | Where Residing if not at place of death | | Stalkersville Md. | | | |
| Married, Single or Widowed | | Married | | Name of Wife or Husband | | Joseph Murphay | | | |
| Father's Name | | William C. Craiger | | Father's Birthplace | | Frederick, Co. | | | |
| Mother's Maiden Name | | Mary Boone | | Mother's Birthplace | | Frederick, Co. | | | |
| Name of person giving Information | | Macy E. Gler | | How related to deceased | | Daughter | | | |

CAUSES OF DEATH

| | | | | | | | |
|--|--|---|--|------------------------|--|------------------------|--|
| Primary | | Chronic Interstitial nephritis, Arterio-sclerosis, Mitral regurgitation | | How long | | Two years | |
| Immediate | | Dropsy & Emphysema | | How long | | Six months | |
| Are the name, age, sex, color, data and place correctly given above? | | Yes | | Signature of Physician | | John J. Remsburg, M.D. | |
| | | | | Address | | Stalkersville Maryland | |
| Accident or Suicide | | | | | | | |

PHYSICIAN
OR CORONER



Name
in
Full

Mrs. Grace Steward Triple

CERTIFICATE OF DEATH

Died at ^{Town} Frederick^{County} Frederick Co

MARYLAND

Date
of death 1909Month
12Day
19Years
Age 24Months
5Days
17

Sex Female

Color or
Race whiteBirth-
place Frederick Md

Occupation H. wife

Where Residing if not
at place of death ☒Married, Single
or Widowed MarriedName of Wife or
Husband Frank TripleFather's
Name Jesse StewardFather's
Birthplace VirginiaMother's
Maiden Name Fanny StantonMother's
Birthplace Hagerstown MdName of person giving
information Frank TripleHow related
to deceased Husband

CAUSES OF DEATH

27

Primary Tuberculosis

How long 18 mos

Immediate Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

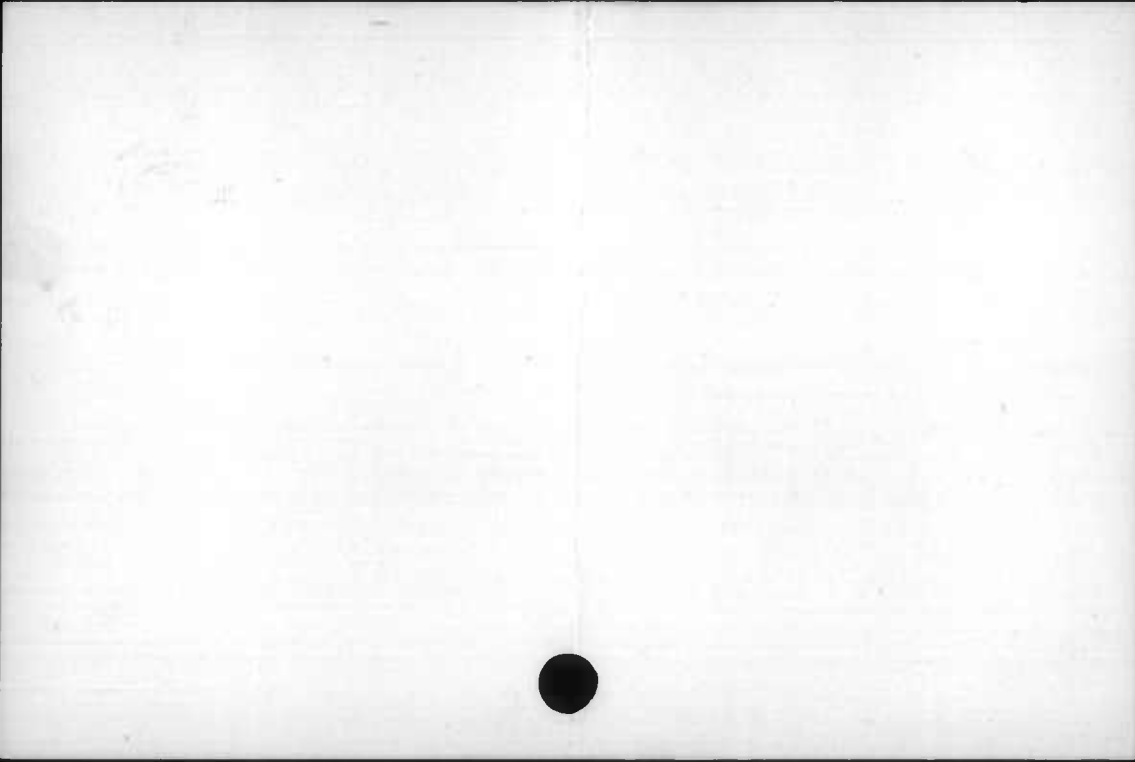
Address

Dr. Austin Buchanan
City

Accident or Suicide?

X

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James P. Perry
 Died at *Fredrick* Town *Fredrick* County
 Maryland
 Date of death *1909 Dec 2* Age *81* Months *4* Days *1*
 Sex *Male* Color or Race *White* Birth-place *MD*
 Occupation *Tailor* Where Residing if not at place of death *have*
 Married, ~~Single~~ *Single* Name of Wife or ~~Husband~~ *Katharine Stokes*
 Father's Name *Jacob Perry* Father's Birthplace *MD*
 Mother's Maiden Name *Mary Stokes* Mother's Birthplace *MD*
 Name of person giving Information *Mrs. Katharine Perry* How related to deceased *wife*

CAUSES OF DEATH

79
 Primary *Heart insufficiency* How long *years*
 Immediate *Redema of lungs* How long *4 days*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *Wm. Crawford Stinson*
 Address *Fredrick MD*
 Accident or Suicide *no*

PHYSICIAN
OR CORONER

Interment Dec 4 - 09

" at Mt Olivet Cemetery

Thomas R Rice F.O.

Dr Wm C. Johnson

Dr McCurdy.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

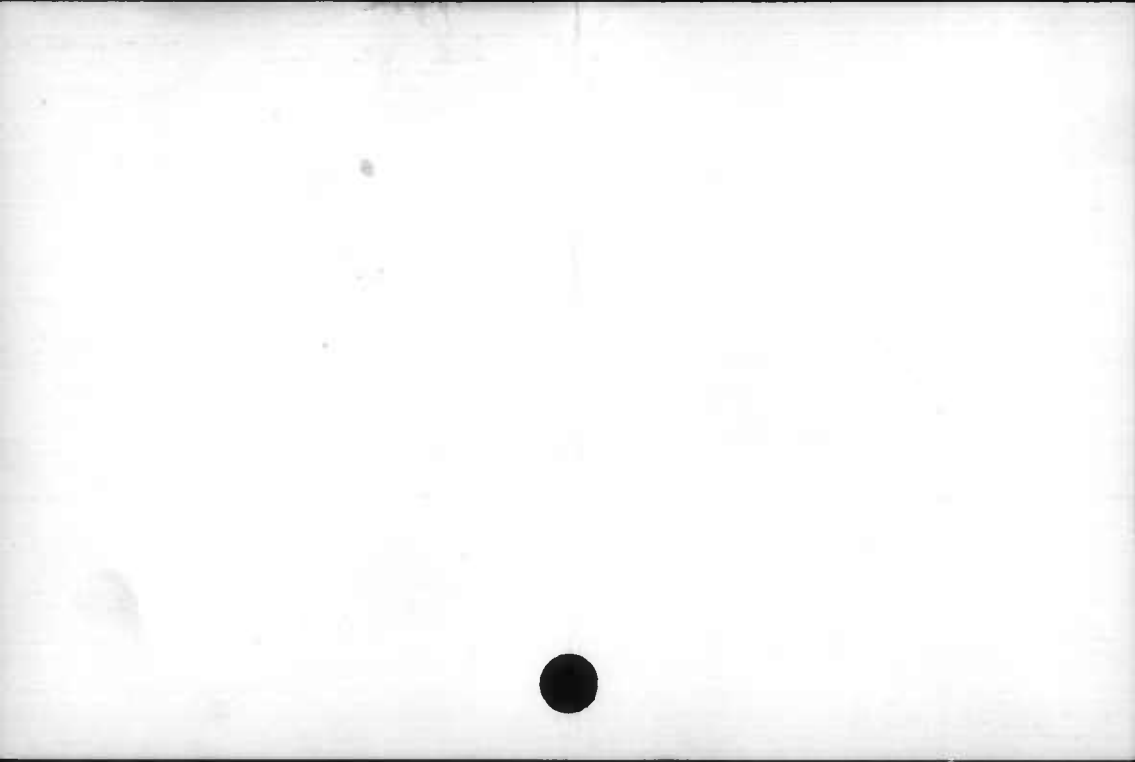
| | | | | | |
|---|----------------------------|---|--|-----------------|---------------|
| Died at <i>Indebeck</i> ^{Town} | | <i>Frederick</i> ^{County} | | MARYLAND | |
| Date of death <i>1909</i> | Month <i>12</i> | Day <i>4</i> | Age <i>69</i> | Months <i>4</i> | Days <i>6</i> |
| Sex <i>Male</i> | Color or Race <i>white</i> | Birth-place <i>Baughlin Co Pa</i> | | | |
| Occupation <i>Retired</i> | | | Where Residing if not at place of death <i>X</i> | | |
| Married, Single <i>Widowed</i> | | Name of Wife or Husband <i>Mrs. J. E. Price - Mary la</i> | | | |
| Father's Name <i>Jacob Price</i> | | Father's Birthplace <i>Baughlin Co Pa</i> | | | |
| Mother's Maiden Name <i>Susann Emmert</i> | | Mother's Birthplace <i>Wash Co Md</i> | | | |
| Name of person giving Information <i>Chas Price -</i> | | How related to deceased <i>Son</i> | | | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Nephritis</i> | How long <i>Unknown</i> |
| Immediate <i>Paralysis of Heart</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Frederick Buchanan Smith</i> |
| <i>X</i> | Address <i>Indebeck</i> |
| Accident or Suicide <i>X</i> | |



Name
in
Full

CERTIFICATE OF DEATH

Francis Anthony Richardson
Town County

MARYLAND

Died at Emmittsburg

Date

of death 1909

Month

Dec

Day

18

Age

Years

1

Months

1

Days

1

Sex

Male

Color or
Race

Negro

Birth-
place

Emmittsburg

Occupation

Where Residing if not
at place of death

~~Married, Single~~
or Widowed

Single

Name of Wife or
Husband

Father's
Name

William Richardson

Father's
Birthplace

Emmittsburg

Mother's
Maiden Name

Maria Butler

Mother's
Birthplace

Emmittsburg

Name of person giving
Information

William Richardson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature Birth

How long

151

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W. E. Sturges, M.D.
Emmittsburg, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph A. Ridenour*
Died at *Fredrick* ^{own} County *Fredrick* MARYLAND
Date of death 190 *9* Month *12* Day *5* Age *57* Years Months *1* Days *14*
Sex *Male* Color or Race *White* Birth-place *Md*
Occupation *Upholsterer* Where Residing if not at place of death *X*
Married, Single or Widowed *Single* Name of Wife or Husband *Ida Wise*
Father's Name *John Ridenour* Father's Birthplace *Md*
Mother's Maiden Name *Susan Rhodwick* Mother's Birthplace *Md*
Name of person giving Information *Mrs Ridenour* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Pneumonia* *How long 113* *24 hrs*
Immediate *Heart failure - Exhaustion* *How long*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *AT G. G. G. G.*
Address *Fredrick Md*
Accident or Suicide *No*

PHYSICIAN
OR CORNER



Name
in
Full

Katherine C. Riordan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

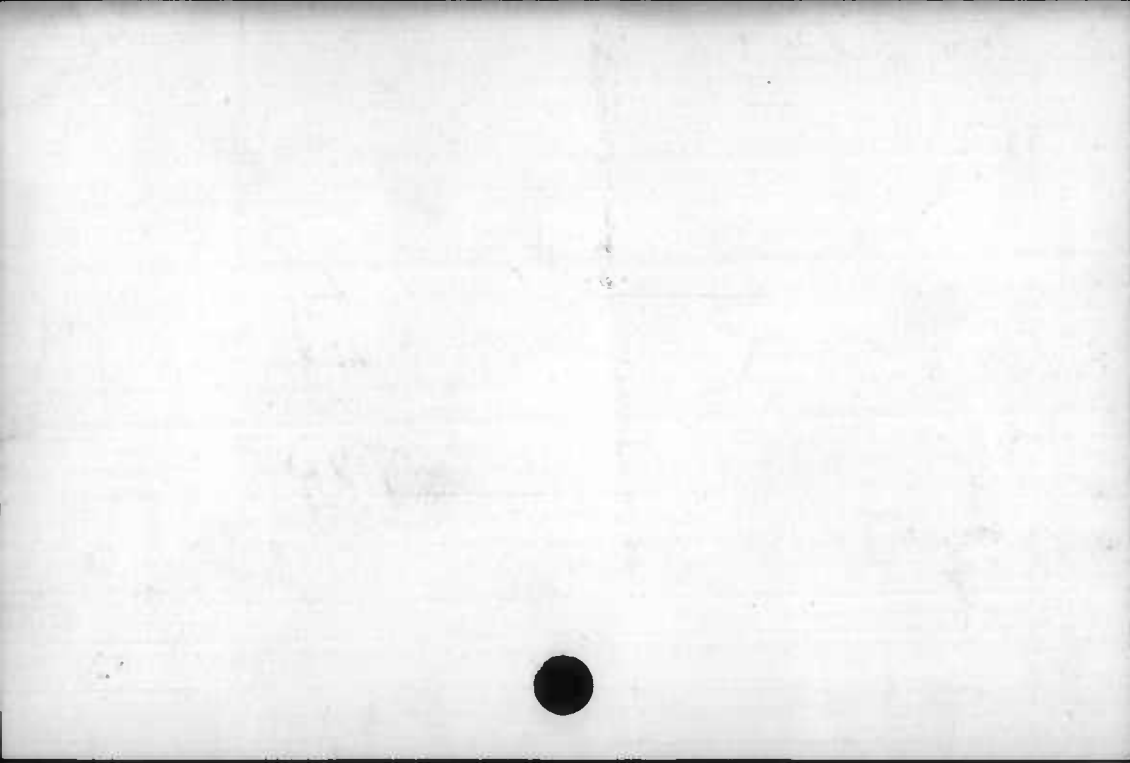
| | | | | | |
|---|---|-------------------------------------|----------------------------|----------------------------|---------------------------|
| Died at <u>Liberty Town</u> ^{Town} | | <u>Fredensick</u> ^{County} | | MARYLAND | |
| Date of death <u>1909</u> | <u>Dec</u> ^{Month} | <u>31</u> ^{Day} | <u>72</u> ^{Years} | <u>1</u> ^{Months} | <u>21</u> ^{Days} |
| Sex <u>Female</u> | Color or Race <u>White</u> | | Birth-place <u>Ireland</u> | | |
| Occupation <u>Housewife</u> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <u>Married</u> | Name of Wife or Husband <u>Daniel J. Riordan</u> | | | | |
| Father's Name <u>Edward Costella</u> | Father's Birthplace <u>Ireland</u> | | | | |
| Mother's Maiden Name <u>Julia Deady</u> | Mother's Birthplace <u>Ireland</u> | | | | |
| Name of person giving information <u>Daniel J. Riordan Jr</u> | How related to deceased <u>Son</u> | | | | |

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <u>Chronic Rheumatism</u> | How long <u>15 yrs</u> |
| Immediate <u>Mitral Regurgitation</u> | How long <u>6 mos.</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>Wm B. Howe</u> |
| | Address <u>Liberty Town</u> <u>Fredensick Co.</u> |
| Accident or Suicide? | |



Name
in
Full

Dora Rivers

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *near Hyattstown*

Frederick

Date

Month

Day

Years

Months

Days

of death

1909

December

2nd

Age

12

Sex

Female

Color or
Race

Colored

Birth-
place

Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Joseph Rivers

Father's
Birthplace

Md

Mother's
Maiden Name

Florence Hackey

Mother's
Birthplace

Md

Name of person giving
Information

Joseph Rivers

How related
to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis of Lung

How long

*not known
Sanctus 3 weeks ago*

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

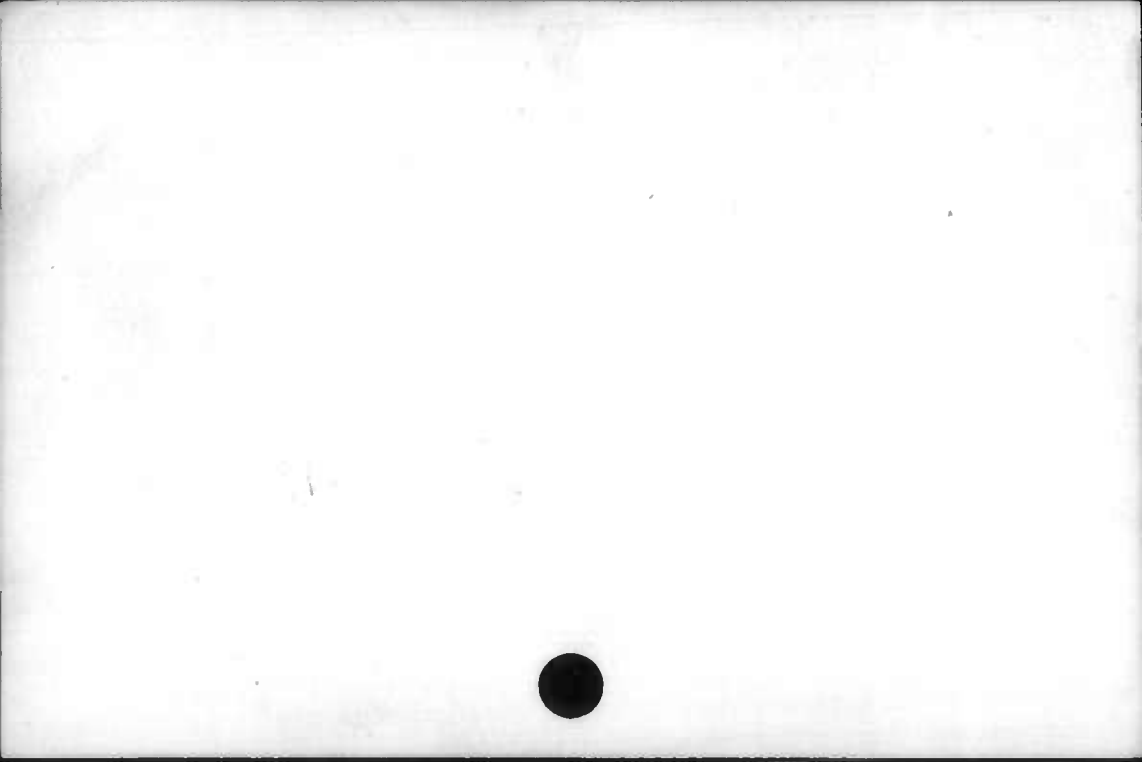
*P. B. Troutman
Kempstown
Md.*

Accident or Suicidal

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

27



Name
in
Full

CERTIFICATE OF DEATH

Oslaudus L. Seis

Town

County

MARYLAND

Died at

Graceland

Frederick

Date

of death

1909

Month

Dec

Day

29th

Age

Years

78

Months

6

Days

24

Sex

Male

Color or
Race

White

Birth-
place

Graceland Md

Occupation

Plasterer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Anna Martha

Father's
Name

John Seis

Father's
Birthplace

Maryland

Mother's
Maiden Name

Eliza Scheller

Mother's
Birthplace

Maryland

Name of person giving
Information

Mrs. Anna M. Seis

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Chronic Nephritis.

How long

3 years

Immediate

Obstructive Jaundice

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. C. Kefauver

Address

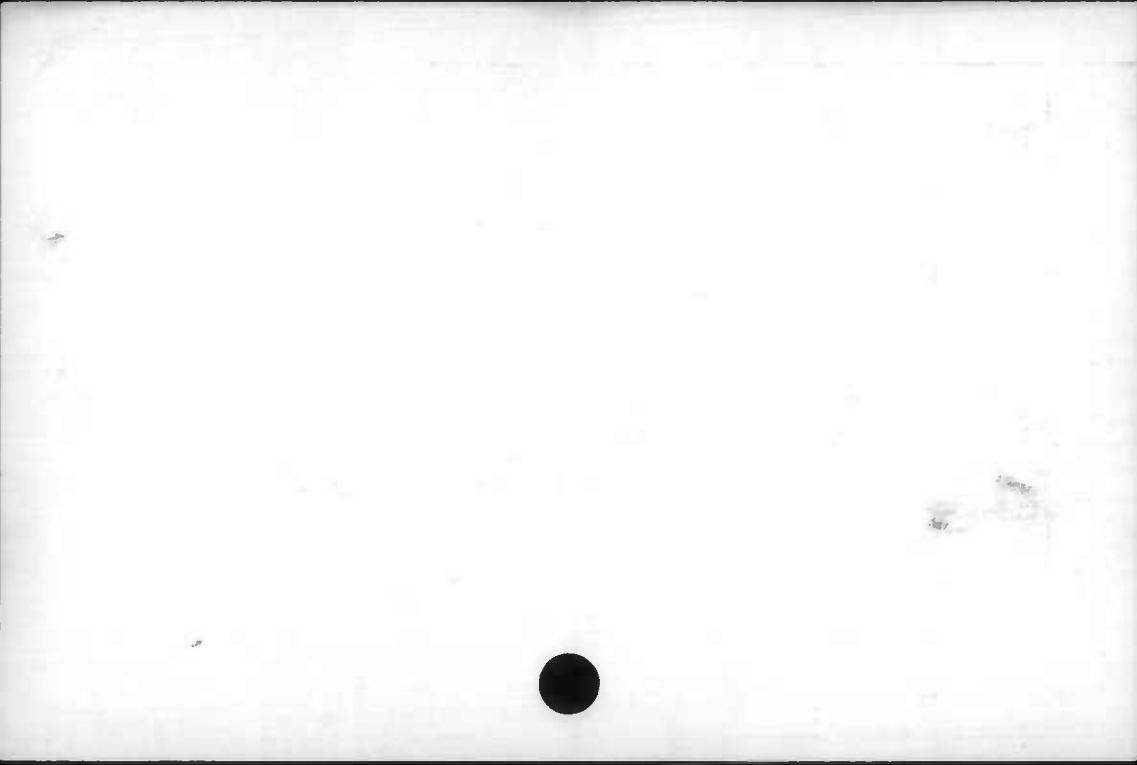
Sherrmount

Accident or Suicide

No

Md.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Carrie Shifer
Town *Charlottesville* County *Fredricks*

Died at *Charlottesville* Month *Dec.* Day *18* Age *71* Months *10* Days *25*

Date of death 190 *9*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Housewife* Where Residing if not at place of death *Charlottesville*

Married, Single ~~or Widowed~~ Name of Wife or Husband

Father's Name *Samuel Shifer* Father's Birthplace *Md*

Mother's Maiden Name *Mary Ludwick* Mother's Birthplace *Md*

Name of person giving Information *Sister* How related to deceased *Sister*

CAUSES OF DEATH

120

Primary *Chronic Nephritis* How long *Eight months*

Immediate *Marasmus* How long

Are the name, age, sex, color, data and place correctly given above?
yes,

Signature of Physician *E. S. Neighbour*
Address *Lewistown Md.*

Accident or Suicide

PHYSICIAN
OR CORONER

Interment Dec 20 - 1909
" at Jefferson Med Cemetery
Thomas T. Rice F.O.

Dr Neighbors
Mr Goodell
Dr McBurdy.

Name in Full *Wm H. Smith*

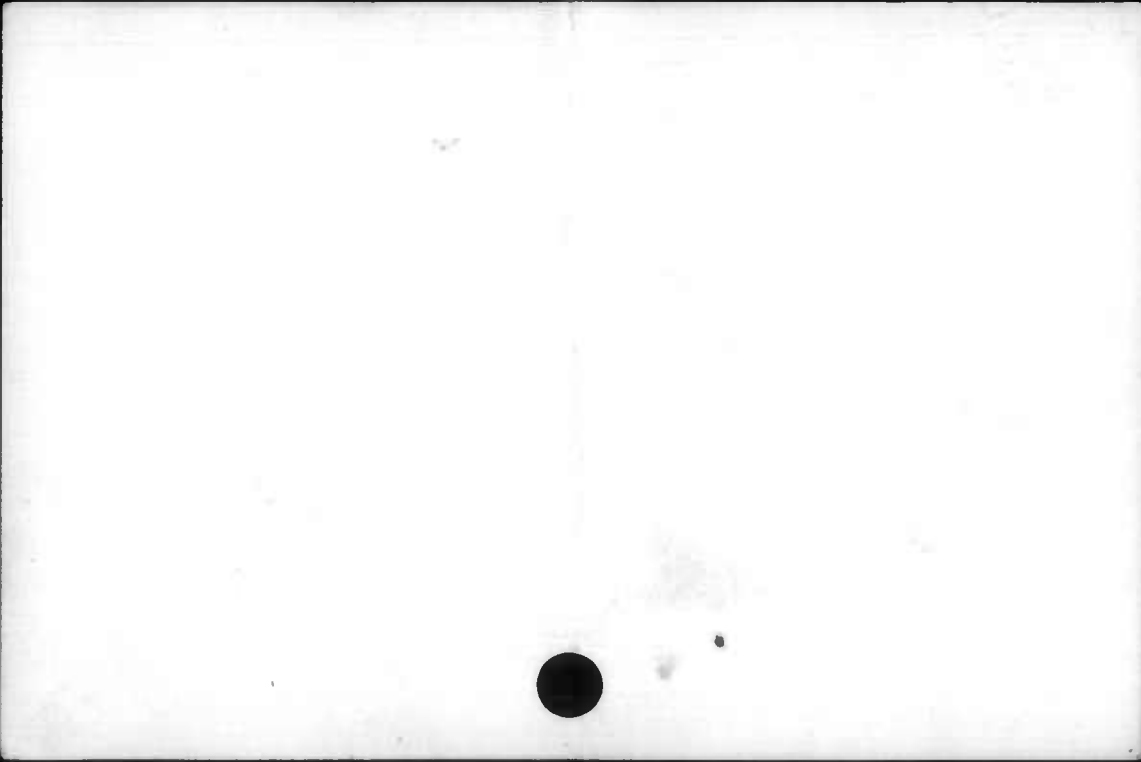
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|--|--|---|--|-----------------------|--|---------------|--|----------|--|
| Died at <i>Utica</i> | | Town | | <i>Frederick</i> | | County | | MARYLAND | |
| Date of death <i>1909</i> | | Month <i>12</i> | | Day <i>19</i> | | Age <i>74</i> | | Years | |
| Sex <i>male</i> | | Color or Race <i>white</i> | | Birth-place <i>md</i> | | Months | | Days | |
| Occupation <i>retired Farmer</i> | | Where Residing if not at place of death | | — | | | | | |
| Married, Single or Widowed <i>married</i> | | Name of Wife or Husband <i>Stimmel</i> | | | | | | | |
| Father's Name <i>Geo. Smith</i> | | Father's Birthplace <i>md</i> | | | | | | | |
| Mother's Maiden Name <i>Catharine Munshy</i> | | Mother's Birthplace <i>md</i> | | | | | | | |
| Name of person giving Information | | (79) | | | | | | | |

CAUSES OF DEATH

| | | | |
|--|--|--|--|
| Primary <i>Organic Heart dis</i> | | How long <i>Two Yrs</i> | |
| Immediate <i>Heart Failure</i> | | How long <i>12 hours</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>J. E. R. Miller</i> | |
| Accident or Suicide <i>neither</i> | | Address <i>Frederick md</i> | |



Name
in
Full

Anna Mary Steel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|----------------|------------------------|-----------------|---------------|--|
| Died at <i>Union Bridge</i> | | Town <i>Union Bridge</i> | | County <i>Fred. Co</i> | | MAYLAND | |
| Date of death <i>1909</i> | Month <i>12.</i> | Day <i>21.</i> | Age <i>79.</i> | Years | Months <i>2</i> | Days <i>3</i> | |
| Sex <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>Fred. Co. Md</i> | | | | | |
| Occupation <i>None -</i> | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Abraham William Steel</i> | | | | | | |
| Father's Name <i>Phillipp. Beard.</i> | Father's Birthplace <i>Fred Co. Md</i> | | | | | | |
| Mother's Maiden Name <i>Mrs. Fogle -</i> | Mother's Birthplace <i>Fred. Co. Md</i> | | | | | | |
| Name of person giving Information <i>Charles Edward Steel.</i> | | How related to deceased <i>Son</i> | | | | | |

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary *Heart failure died very suddenly*

Immediate

Are the name, age, sex, color, data and place correctly given above?

Yes

Signature of Physician

Address

Mother's Christian Name not

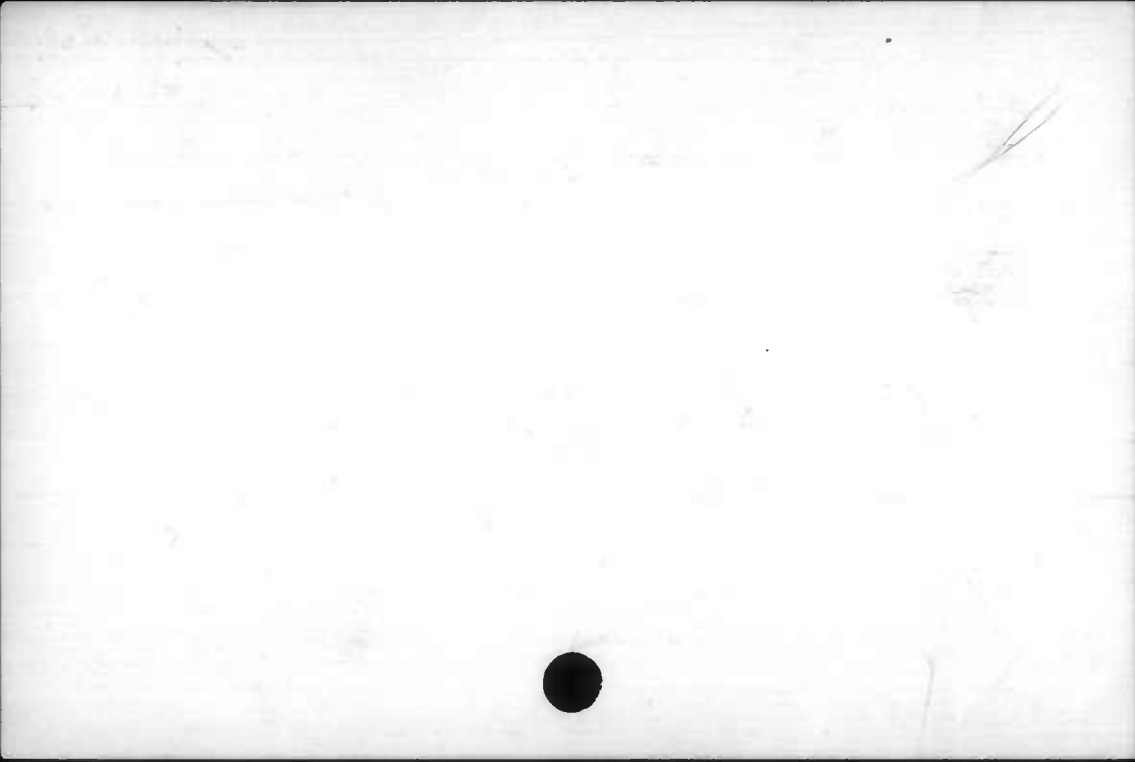
Accident or Suicida

Known -

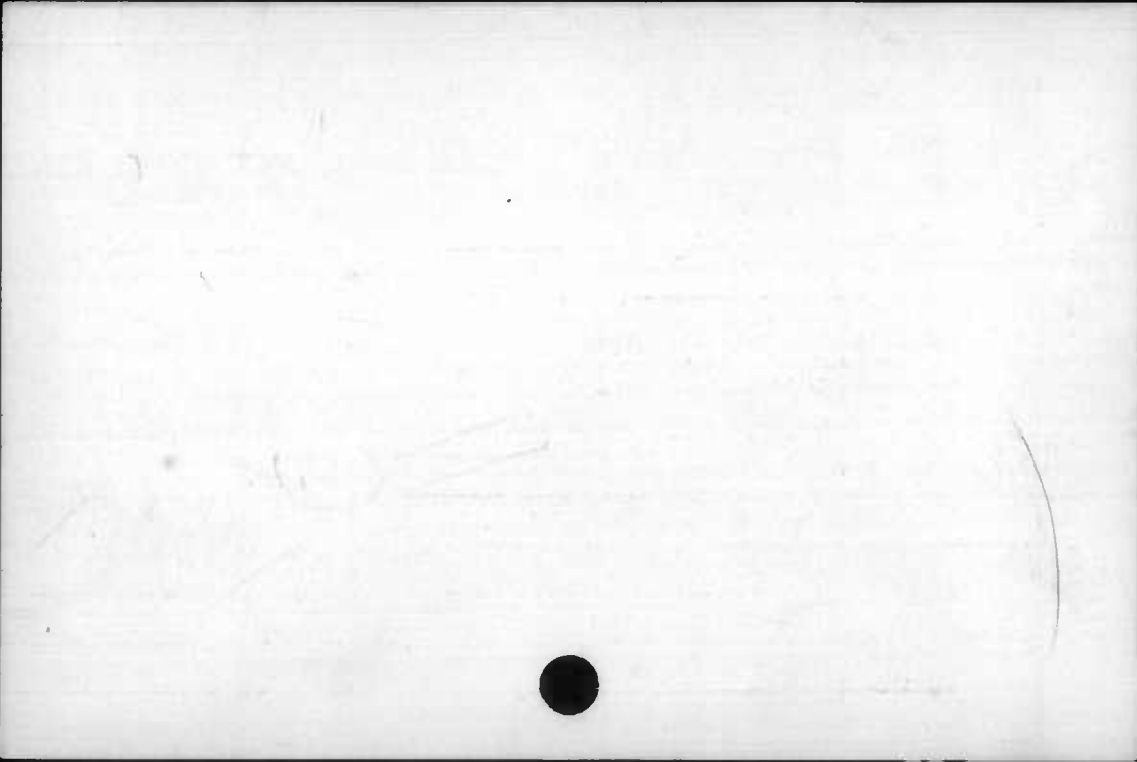
James Matt. H. C.

Union Bridge

Md.



| Name in Full | | Guesty N. Stoner | | | | CERTIFICATE OF DEATH | |
|---|--|------------------------------|---------------|---|-------------------------|------------------------|-------------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Town Johnsville | | County Frederick | | MARYLAND | |
| | Date of death | 1909 | Month Dec. | Day 14 | Age 52 | Months 7 | Days 16 |
| | Sex | Female | | Color or Race | white | | Birth-place Maryland |
| | Occupation | Seamstress | | Where Residing if not at place of death | | | |
| | Married Single | Name of Wife or Husband | | | | | |
| | Father's Name | John W. Stoner | | | | Father's Birthplace | Maryland |
| | Mother's Maiden Name | Mary Diehl | | | | Mother's Birthplace | " |
| Name of person giving information | Fannie L. Stoner | | | | How related to deceased | Sister | |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 40px; margin: 0 auto;">27</div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Phthisis Pulmonalis | | | | How long | between 3 or 4 yrs |
| | Immediate | Nephritis with heart failure | | | | How long | Nephritis about 6 weeks |
| | Are the name, age, sex, color, date and place correctly given above? | Yes | | | | Signature of Physician | F. H. Redinell |
| | Accident or Suicide? | No | | | | Address | Johnsville, Md. |



Name
in
Full

CERTIFICATE OF DEATH

James Richard Tressell

Died at ^{Town} Near Petersburg ^{County} Fredk

MARYLAND

Date of death 1909 12 1

Age 88

Months 9 Days 20

Sex Male

Color or Race White

Birth-place Fredk Co

Occupation Farmer

Where Residing if not at place of death

Married, Single or Widowed Widower

Name of Wife or Husband Mary A. Tressell

Father's Name Richard Tressell

Father's Birthplace Md

Mother's Maiden Name Margaret Blessing

Mother's Birthplace Md

Name of person giving Information William A. Tressell

How related to deceased Son

CAUSES OF DEATH

Primary

Chronic Indigestion

How long

105

Immediate

General Debility

How long

2 Months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

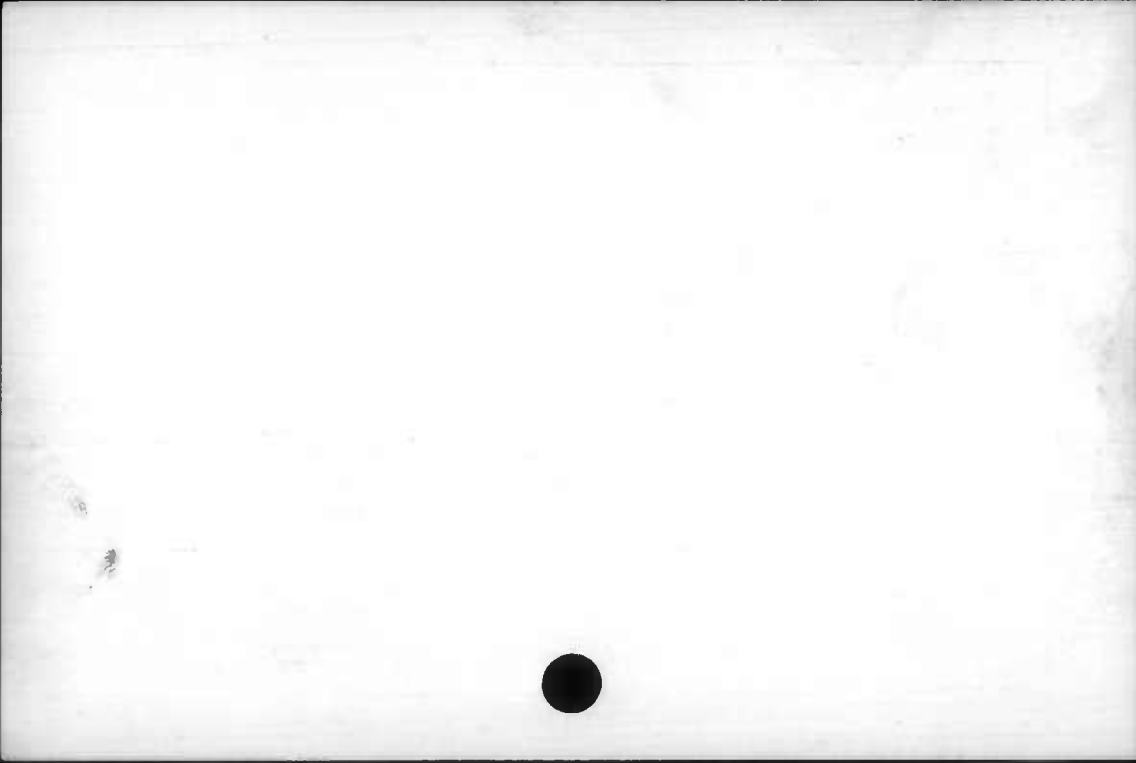
H. Boleter, M.D.

Address

Jefferson
Fred Co Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Clarence N Thomas

CERTIFICATE OF DEATH

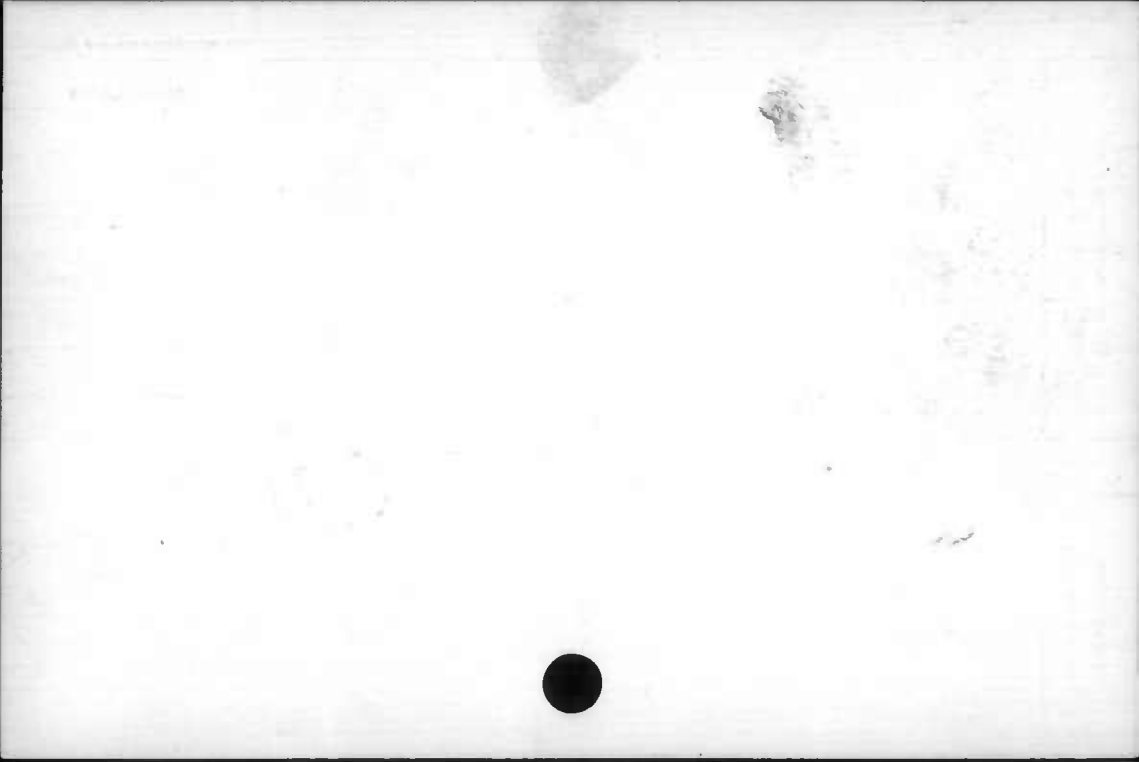
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|-------------------------|-----|---|-------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1909 | | Dec | 11 | 35 | | 2 | 11 |
| Sex | | Color or Race | | Birth-place | | | |
| male | | White | | md | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Breuer | | | | Leura Hunt Dist. | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Married | | Cora Dennis | | | | | |
| Father's Name | | | | Father's Birthplace | | | |
| John E Thomas | | | | md | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| Martha J. Berger | | | | md | | | |
| Name of person giving Information | | | | How related to deceased | | | |
| Mr. H. Utterback | | | | sister | | | |

CAUSES OF DEATH

| | | | | |
|--|-----------------------|------------------------|----|--------|
| Primary | Tuberculosis of Lungs | How long | 27 | 1 year |
| Immediate | Exhaustion | How long | | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | |
| yes | | Levin Trist | | |
| | | Address | | |
| | | Bremesweap | | |
| | | Fredrick - Co | | |
| Accident or Suicide | | | | |

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Monroe Halling* Town *near Thompsons Fork* County *Worcester*
Died at *near Thompsons Fork* MARYLAND
Date of death 1909 Dec 12 Age 61 Months 8 Days 23
Sex *Male* Color or Race *White* Birth-place *Md*
Occupation *Agent* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Sarah E Halling*
Father's Name *James Halling* Father's Birthplace *Md*
Mother's Maiden Name *Julia Johnson* Mother's Birthplace *Md*
Name of person giving Information *Sarah E Halling* How related to deceased *Wife*

CAUSES OF DEATH

39

PHYSICIAN
OR CORONER

Primary *Cancer of upper jaw* How long *2 yrs*
Immediate *Toxaemia and exhaustion* How long *3 days*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *R B Frazier Jr* Address *Thompson Fork Md*
Accident or Suicide *-*



Name
in
Full

Sister M. Rita (Margaret) Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Fredk Town Fredk County MARYLAND

Date of death 1909 Dec Month 25 Day 52 Age 52 Months — Days —

Sex Female Color or Race Caucasian Birth-place Ireland

Occupation Religious Where Residing if not at place of death —

~~Married, Single or Widowed~~ Name of Wife or Husband —

Father's Name Francis Waters Father's Birthplace Ireland

Mother's Maiden Name Margery Feary Mother's Birthplace Ireland

Name of person giving Information Mother Austin, Superior of community How related to deceased same

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary Carcinoma lung, R. Breast removed How long Two years

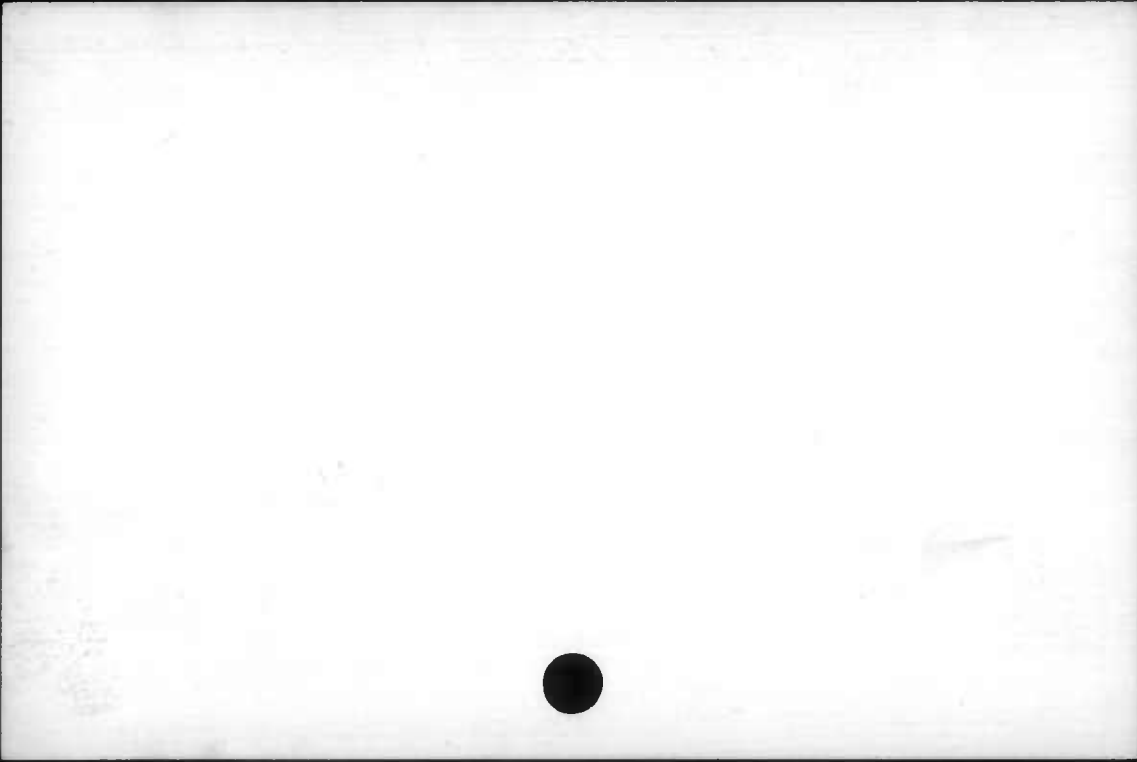
immediately preceded in lung cancer How long Eight weeks

Immediate Explanation

Are the name, age, sex, color, data and place correctly given above? Yes Signature of Physician Wm Campbell, M.D.

Address Fredrick Md

Accident or Suicide —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Katherine E. Whisman

Died at *Frederick* Town *Frederick* County *MARYLAND*

Date of death 190 *9* Dec. *2nd* Age *19* Months *7* Days *1*

Sex *Female* Color or Race *White* Birth-place *md.*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Eug. Whisman*

Father's Name *Benjamin Stotttzen* Father's Birthplace *md.*

Mother's Maiden Name *Ida Stotttzen* Mother's Birthplace *md.*

Name of person giving Information *Eug. Whisman* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Miscarriage* How long *4 1/2 mo.*

Immediate *abcess of pelvis* How long *10 days*

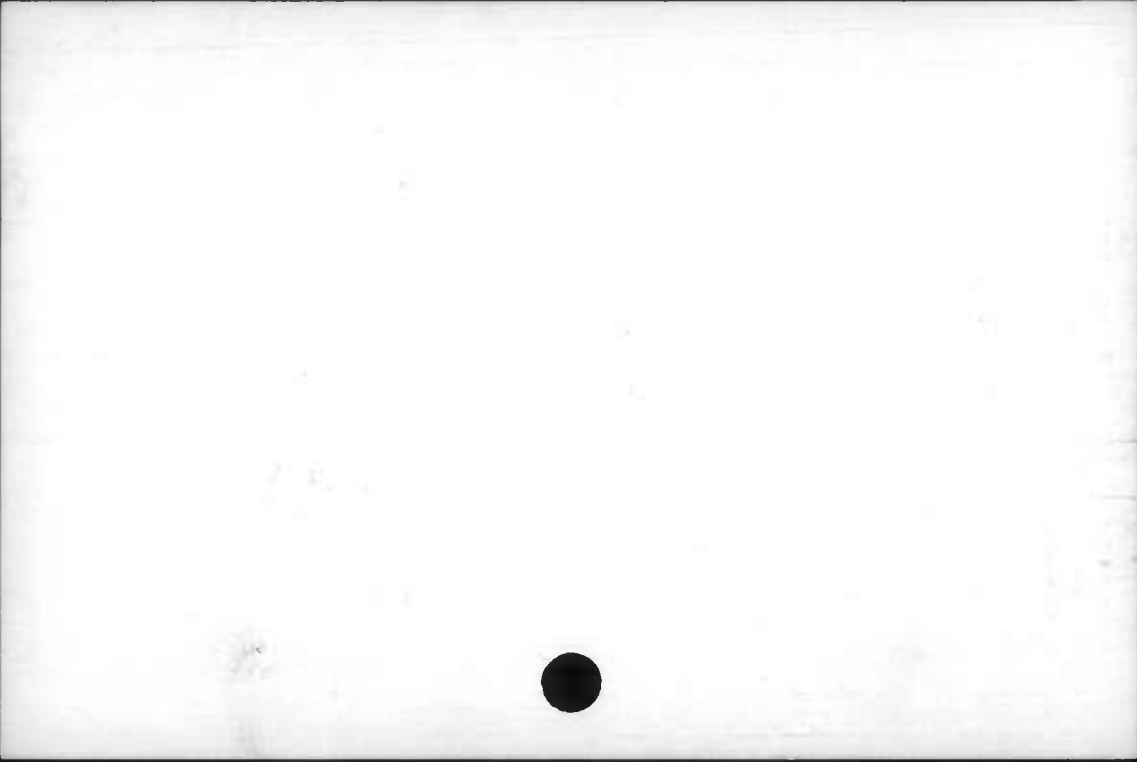
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. H. Keegan*

Address *Frederick*

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Henrietta Wineberry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Monteague ^{Town} Fredericks ^{County} MARYLAND

Date of death 1909 12 ^{Month} 6 ^{Day} Age 60 ^{Years} — ^{Months} — ^{Days}

Sex Female Color or Race Black Birth-place Fredericks

Occupation Washer Woman Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Oermis Wineberry

Father's Birthplace Maryland

Mother's Maiden Name Nancy

Mother's Birthplace "

Name of person giving Information Lebis Wineberry

How related to deceased Brother

CAUSES OF DEATH

43

Primary Carcinoma (of Breast)

How long Several yrs.

Immediate Exhaustion

How long " days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician M. P. Brown M.D.

Address Frederick Md.

Accident or Suicide —

PHYSICIAN
OR CORONER

Interment Dec 8 - 1909

" at Greenmount Cemetery

Thomas P. Rice F.O.

Dr. Bourne

Dr. Goodell

Dr. McCurdy

Name
in
Full

Franklin Newton Zimmerman

CERTIFICATE OF DEATH

Died at Montevue ^{Town} Fredrick ^{County} MARYLAND

Date of death 1909 Month 12 Day 5 Age 55⁵ Months 4 Days 25

Sex Male Color or Race White Birth-place Fredk. Co. Md

Occupation Farmer Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband Mary M. Stull

Father's Name E. Joshua Zimmerman Father's Birthplace Fredk. Co. Md

Mother's Maiden Name Mary Ann Wachter Mother's Birthplace " " "

Name of person giving Information Mrs. Zimmerman How related to deceased Wife

CAUSES OF DEATH

67

Primary Paralytic Inertia How long 3/4

Immediate Exhaustion How long 4

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician J. P. Palmery M.D.
Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Interment Dec 7 - 1909

at Zion Cemetery
at Charlottesville.

Thomas P. Rice. F. & O.

Dr Fahmy

Dr Goodell

Dr Mc Gurdy,